

FreshStart Ministries Society

FINANCIAL SUPPORT OPTIONS

Please use a separate form for each person.

For receipt purposes, please complete the information below:

Print Name _____ Signature _____

Postal Address _____ City _____

Postal Code _____ Phone _____

E-Mail Address (print) _____ Date _____

Membership Fee \$10 per person \$ _____

One Time Cash or Cheque Donation

(Cheque payable to FreshStart Ministries Society) Amount enclosed \$ _____

Monthly donations by pre-authorized payments.

Please complete the attached VanCity Credit Union form for pre-authorized payments to FreshStart Ministries Society. Please attend to the **bold items** on the form.

I can also volunteer by doing :

Thank you for supporting us in assisting those transitioning from chaos to personal freedom and independence.

FreshStart Ministries Society, Charity Registration No. **(BN) 108160185** .
Receipts for donations will be mailed in March of each year.

Please make your cheque payable to FreshStart Ministries Society
Please return this Financial Support form along with your cheque and other forms,
(Pre-Authorized Payment and your Application forms), to

FreshStart Ministries Society
10231 142A Street

Email freshstart@shaw.ca

Fax 604-584-0905

Surrey, BC, V3T 4Z8

www.freshstartlife.org

Phone 604-329-0935

Vancity 2007 - 2008 pre-authorized payment agreement

MONTHLY DONATIONS TO FRESHSTART MINISTRIES: PLEASE ATTEND TO THE BOLD ITEMS ON THIS FORM credit Vancity

My/Our account to be credited at Vancity is account number: _____ at branch number: 51

The account to be debited is at:(your bank) _____

For the purpose of my/our other (please specify) Donation
The credit is **for the amount of \$** _____ and is to be drawn on the account:

weekly - w bi-weekly - b **monthly — M** last day of the month - m quarterly - q
 semi-annually - s annually ten month payment schedule dormant start August end September
 beginning (yy/mm/dd): _____ **ending (yy/mm/dd):** **2008, May, 31**
account type: _____ other (please specify) Z1

Vancity office section (staff only)

set-up please set up the above pre-authorized payment (PAP) effective immediately.

Amend please amend the member's existing pre-authorized payment (PAP) to the new amount of \$ _____
on a _____ basis, starting (yy/mm/dd) _____ and
expiring on (yy/mm/dd) _____

cancel please cancel the member's existing pre-authorized payment (PAP) in the amount of \$ _____
effective immediately.

Vancity authorized employee signature _____

Please TAPE a voided cheque here (please do not staple it) - thank-you.

I/We (print name/s) _____

Authorize Vancouver City Savings Credit Union ("Vancity") to debit my/our account at: **(BANK NAME)** _____

_____ **Transit #** _____ **Institution #** _____ **Account #** _____ **in the amount of \$** _____

weekly - w bi-weekly - b **monthly — m** last day of month - m quarterly - q
 semi-annually - s annually - a ten month payment schedule dormant start August ending in September
and to credit account number: _____ at branch number: 51

This authorization is for the period (yy/mm/dd) _____ **to 2008, May 31 inclusive.**

signature _____ Vancity employee's signature _____ **date signed** _____

joint signature (if needed) _____ Vancity employee's signature _____