



# CHRISTIAN DIRECTION

FORM FOR MONTHLY GIVING  
IN CANADIAN DOLLARS

**You can have an impact on “The Spiritual Transformation of the City”**

Please mail completed form to:

**Christian Direction Inc.**  
P.O. Box 602, Station B  
Montréal (Québec) H3B 3K3

**Phone:** 514 878-3035  
**Fax:** 514 878-8048

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

City: \_\_\_\_\_ Prov.: \_\_\_\_\_

Postal Code: \_\_\_\_\_

(A receipt will be issued to the above address you indicated)

- I would like to be enrolled in Christian Direction’s Monthly Giving Program.**
- Please process my donation on the  1<sup>st</sup> or  15<sup>th</sup> of each month.**

**Monthly Donation Method:**

- Credit Card:**     MasterCard     Visa     American Express

I authorize Christian Direction to deduct \$\_\_\_\_\_ CDN from my credit card each month.

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_    Expiry Date: \_\_\_\_\_

Signature: \_\_\_\_\_

- Cheque:** I have enclosed a voided cheque and authorize Christian Direction to deduct \$\_\_\_\_\_ CDN from my chequing account each month.

Signature: \_\_\_\_\_

**You may designate your gift:**

- \$ \_\_\_\_\_ Where most needed
- \$ \_\_\_\_\_ To a **Specific Ministry:** \_\_\_\_\_
- \$ \_\_\_\_\_ To a **Staff Member** of Christian Direction: \_\_\_\_\_

***Thank you for your support and confidence in our ministry!***