



Reality Outreach Ministries Inc
 PO Box 844 St Catharines, Ontario L2R 6Z4 Canada
 PO Box 412 Niagara Falls, New York 14302 USA
 Phone 905-646-8710 ~ Fax 905-646-8766

PLEASE PRINT CLEARLY

Name: _____ Mailing Address: _____

City: _____ St/Prov: _____ Zip/Postal Code: _____ Country: _____

Phone: (____) _____

OPTION 1 – Automated Cheque Plan (PLEASE ATTACH A BLANK VOIDED CHEQUE)

I would like my donation to be deducted automatically from my bank account.

I hereby authorize Reality Outreach Ministries to initiate automated debit entries in the amount of \$ _____ to my chequing account indicated below, through the bank or financial institution named below:

Please debit my account on the 1st 15th of every month.

Depository Bank Name _____

City _____ St/Prov _____ Zip/Postal Code _____

Transit#/Bank ID _____ Account# _____

This authority is to remain in full force until Reality Outreach Ministries has received notification to request cancellation of this agreement.

Signature _____

OPTION 2 – Credit Card

I would like to make a one time donation of \$ _____ (FILL IN INFORMATION BELOW)

I hereby authorize Reality Outreach Ministries to initiate automated debit entries in the amount of \$ _____, to my credit card indicated below:

VISA MASTERCARD AMEX (USA ONLY) DISCOVER (USA ONLY)

CARD # _____ EXP DATE ____ / _____

This authority is to remain in full force until Reality Outreach Ministries has received notification to request cancellation of this agreement.

CARD HOLDER SIGNATURE _____

(Donation without a signature cannot be processed)

OPTION 3 – Cheque

Enclosed is a cheque for \$ _____ as a one time donation.

Please make cheques payable to: REALITY OUTREACH MINSITRES