



### WORLD MISSION CONTINUUM--PARTNERSHIP FORM

P.O.Box 32056, Edmonton AB, T6K 4C2  
loretta@wmcontinuum.com 1-800-958-3352

Thank you for your decision to sow into World Mission Continuum. Your gift will make a difference in countless lives across Asia and will bear fruit into eternity!

If you would like to give a monthly donation of \$25 or more towards any part of the ministry, we would like to show our appreciation by inviting you to receive our Continuum Magazine for FREE!

**I WOULD LIKE TO GIVE:**

- A one-time gift
- By monthly partnership

**I WOULD LIKE TO GIVE BY:**

- Cheque/Money Order (please attach)
- Pre-Authorized Debit\*

**PLEASE INDICATE THE AMOUNT YOU WISH TO GIVE AND DESIGNATION:**

\$ _____	General Funds	\$ _____	El Shaddai II Children's Home
\$ _____	<b>Missionary-gift for HarleyVoogd</b>	\$ _____	Specific Project/Nation
\$ _____	VBCI Student	\$ _____	<b>TOTAL GIVING</b>

**\*PRE-AUTHORIZED DEBIT AGREEMENT**

I authorize World Mission Continuum to debit my bank account (attach a "VOID" cheque) in the amount of \$\_\_\_\_\_ each month. I agree to have my account debited on the 10th day of each month or the next business day.

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

This donation is made on behalf of:  an individual  a Business  a Charity

I may revoke my authorization at any time, subject to providing notice of 5 business days. To obtain a sample cancellation form, or for more information on my right to cancel a PAD Agreement, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).