

MONTHLY DONATION FORM

Thank you for donating monthly to The Micah Mission by filling out the form below.



Bank Transfers (Pre-authorized Debits)

Donor Name *

Date: _____

First:	Last:
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Phone *

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Address (please fill out to receive a charitable receipt) *

Street Address:	City:
State / Province / Region:	Postal / Zip Code:
Email:	

Donate Monthly (Check the amount you would like to donate to The Micah Mission each month)

<input type="checkbox"/>	\$20/month			
<input type="checkbox"/>	\$35/month			
<input type="checkbox"/>	\$50/month			
<input type="checkbox"/>	\$100/month			
<input type="checkbox"/>	Other Amount	Other Amount: \$	Dollars	Cents

PLEASE SEND THIS FORM TO MICAH WITH A VOIDED CHEQUE (see our address below)

I agree to the monthly donations to The Micah Mission, commencing _____ (M/D/Y)

(Signature)

Monthly Cheques

If you would prefer to contribute by monthly cheque, please mail cheques in to us, or stop by the office.

Micah may on occasion, recognize donors in its newsletter. Please check if you **DO NOT** wish to be publicly recognized.

THANK YOU!

We will let you know by email that your donation has been received. If you do not have email, we will confirm by mail.