

Financial Contribution Sheet

INCORPORATED AUGUST 07, 1998

Registered Charity Number: 86933 1066 RR0001

If you like you may contribute to our organization on a monthly basis. To accommodate this we have instituted an automated system that allows monthly withdrawals from a chequing account. Simply fill out the information and mail to the address listed below. We limit monthly donations to no more than \$10.00/month/individual. If you wish you may make a one time donation of any amount.

Name: _____

Address: _____

City: _____ Province: _____

Postal Code: _____; Phone # _____

Bank/Financial Institution: _____

Branch Address: _____

Account #: _____

I/ We hereby authorize the above mentioned Bank or financial institution to debit my/our bank account in the amount of \$ _____ on the first day of each month on behalf of Christ the Solid Rock Ministries. I/we will ensure that funds are available to cover the amount of the withdrawal and understand that this authorization may be changed or cancelled at anytime by me/us upon written notice to Christ the Solid Rock Ministries Inc.

Date: _____ Signature(s): _____

For joint accounts both depositors must sign if more than one signature is required on cheques.

PLEASE ATTACH A SAMPLE CHEQUE MARKED VOID AND SEND TO:

Mrs. Paige Feser
Secretary Treasurer
Solid Rock Ministries
Box 13
Wood Mountain, Saskatchewan
SoH 4Lo

Thank you so much for your generosity and faithfulness in this ministry