



Thank You for Your Support of Our Ministries

Name: _____

Address: _____

City: _____

State/Province: _____ Zip/Postal Code: _____

Tel: _____ Cell: _____

Email: _____

I would like my offering applied to:

AYMI \$ _____
 One Time Monthly

LifeFORCE Teams \$ _____
 One Time Monthly

Street Invaders \$ _____
 One Time Monthly

aymcreative \$ _____
 One Time Monthly

Staff Member Support* \$ _____
 One Time Monthly

*Staff Member Name _____

Other (Please Specify Below) \$ _____
 One Time Monthly

Total Gift Amount: \$ _____

Cheque Cash Visa / MC / Amex

Note: Each gift that is designated toward an approved project/ministry will be used for that purpose, with the understanding that if any given need has been met, designated gifts will be used where needed most.

Financial statements are available upon request. Please contact the office.

Pledge I pledge the following support amount:

Total Pledge Amount: \$ _____

Date Pledge will be Honored by: _____ / _____ / _____

Pre-Authorized Contributions

Please select one of the following options:

Monthly Cheques

I have enclosed monthly cheques for my support.

Monthly Bank Withdrawals

I hereby authorize AYMI to draw monthly electronic payments from my bank account for the total amount specified. I would like this debit to my account on the:

1st of Each Month The first payment will commence on:
 15th of Each Month _____ / _____ / _____

and will continue each month until cancelled by me in writing.

Name: _____

Signature: _____

Please attach a cheque marked "VOID" to the back of this form.

Monthly Credit Card Withdrawals

(For one time credit card donations, please check the box at the bottom) I hereby authorize AYMI to draw monthly electronic payments from my credit card for the total amount specified. I would like this debit to my credit card on the:

1st of Each Month The first payment will commence on:
 15th of Each Month _____ / _____ / _____

and will continue each month until cancelled by me in writing.

Visa Mastercard American Express

Account Number: _____

Expiry Date: _____ / _____ / _____

Name: _____

Signature: _____

Note: If this is a one time donation, please check this box

Prayer One of our greatest needs is for people to partner with us in prayer. If you would like to be put on our regular email prayer list, please check the box below and fill out the information at the top of this column.
(please include your email address above)



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