



CREDIT CARD PRE-AUTHORIZATION FORM

YES, I WISH TO SIGN UP AS A MONTHLY PARTNER AND SUPPORT THE MISSION OF BACK TO THE BIBLE CANADA ON A MONTHLY BASIS

1

NAME _____

ADDRESS _____

CITY _____

POSTAL CODE _____ PHONE _____

(REQUIRED FOR TAX RECEIPT TO BE MAILED)

2

CREDIT CARD NUMBER _____

VISA

MASTERCARD

EXPIRY _____ / _____

DONATION AMOUNT \$ _____

PLEASE PROCESS MY DONATION ON THE: 1ST - OR THE - 15TH OF EACH MONTH

3

SIGNATURE OF CREDIT CARD HOLDER _____

BY SIGNING ABOVE I AUTHORIZE BACK TO THE BIBLE CANADA TO CHARGE THE DONATION AMOUNT ON THE DATE INDICATED TO MY CREDIT CARD. I UNDERSTAND THAT I CAN REVOKE THIS AUTHORIZATION AT ANY POINT BY CONTACTING BACK TO THE BIBLE CANADA IN WRITING OR BY TELEPHONE AT THE CONTACT INFORMATION BELOW.

HOW DO YOU LISTEN TO OUR BROADCAST? _____

4

PLEASE MAIL THE COMPLETED FORM TO:

BACK TO THE BIBLE CANADA

PO BOX 246, STN A

ABBOTSFORD, BC V2T 6Z6

OR **FAX** THE FORM TO **604.746.3233**

OR **CALL US AT 1.800.663.2425** AND PROVIDE THE INFORMATION OVER THE PHONE.