



Donation Form

Partnering with people to transform communities for the glory of God

Thank you for choosing to support One Life One Chance Ministries through your financial contribution! We are grateful for your partnership with us as we work with pastors and churches in the San Quintin Valley to demonstrate the love and reconciliation of Jesus Christ.

PERSONAL INFORMATION

This information is used to issue tax receipts and provide you with ministry updates.

NAME _____
FIRST M LAST

ADDRESS _____

CITY _____

PROV/STATE _____ PC/ZIP _____

PHONE _____

EMAIL _____

Add me to the One Life email list.

GIFT AMOUNT

(payable to One Life)

\$35 \$50 \$100 OTHER \$ _____

ONE-TIME MONTHLY

I am donating to:

General Fund Community Outreach
 Capital Projects Evangelism & Equipping

Notes: _____

I am donating by:

Cash Cheque Credit Card

Credit Card: MasterCard or VISA only please

Number _____ Expiry _____ CVV _____

MONTHLY PRE-AUTHORIZED DEBIT Please debit my account on: 1st of the month 15th of the month
Please include a void cheque. I recognize that this pre-authorized debit is under the category of a personal PAD for a charitable donation. I may revoke my authorization at any time, subject to providing notice of 14 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. 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.

PRIVACY POLICY To view the complete One Life privacy policy, please visit our website (www.onelifeonechance.ca) or submit a written request. One Life requires your personal information for the following purposes:

- Financial institutions require it to process your gift
- It is necessary for the issuing of tax-deductible receipts
- To update you on the project or staff member to which you have contributed, as well as One Life operations, and maintain contact with you to present further opportunities for giving and/or serving.

AGREEMENT Funds designated to support a One Life (OL) staff member are not directly given to the staff member. The funds are given to OL and are used to pay the support and employment expenses of the staff member. OL sets support levels and retains control of

all funds.

Spending of funds is confined to programs and projects approved by the organization. Each restricted contribution designated towards such an approved program or project will be used as designated with the understanding that when the need for such a program or project has been met, or cannot be completed for any reason determined by the organization, the remaining restricted contributions will be used where needed most.

I understand that the permission to charge my bank account is the same as if I had personally signed a cheque to OL. I understand that my bank is responsible for the timely posting of all transactions from my account. If there are any discrepancies in the amount that has been transferred from my account in a given month, I will contact OL directly for correction.

I have read and understand the stated agreements for my donation to One Life.

Signature: _____ Date: _____

THANK YOU FOR PARTNERING WITH ONE LIFE

Registered Canadian Charity # 816384291 RR0001