

Monthly Pre-authorized Debit



Step 1: Your donation details.

FIRST / LAST NAME

EMAIL

ADDRESS

PHONE

CITY, PROV.

POSTAL CODE

I would like to give: \$50/month \$100/month \$200/month Other: \$_____/month

My financial support will start in:

MONTH

YEAR

Step 2: Your payment method.

- Pre-Authorized Debit**
- Complete all areas in Step 1.
- Include a VOID cheque.
- Select withdrawal date and sign.

I hereby authorize Airdrie Christian Academy to withdraw my donation above from my bank account on the 3rd or 15th of each month:

SIGNATURE (Please sign in ink)

DATE

Step 3: .

Please return this form via email or to our office in person or mail to:

Airdrie Christian Academy
77 Gateway Drive NE, Airdrie, AB T4B 0J6

Donation questions?

403-948-5100 giving@airdriechristian.com