

CUTTING EDGE MINSTRIES - DONATION FORM

RETURN COMPLETED FORM TO: BOX 149 MOUNT BRYDGES ONTARIO N0L 1W0

First Name: _____ Last Name: _____

Address Line 1: _____

City: _____ Postal Code: _____ Phone: (_____) _____

E-Mail: _____

MONTHLY FOUNDATION PARTNER

\$20 \$40 \$60 Other: \$ _____

PARTNERSHIP GIFT

\$100 \$200 \$500 \$750 \$1000 \$ _____

PAYMENT METHOD

Visa Mastercard Card #: _____ Expiry Date: _____

Signature: _____

PREAUTHORIZED WITHDRAWAL:

Account Number: _____

Account Type:

Chequing Savings Other : _____

Start Date: _____, 16th 2005

Bank Name: _____

Bank Address: _____

City: _____ Province: _____ Postal Code: _____

Post-Dated Cheque(s)

I would be interested in knowing more about sponsoring a student for a missions trip or summer evangelistic camp.

I would like to receive your weekly e-mail updates.

I would like to receive your newsletters.

I would be interested in volunteering for local outreach.

I would be interested in hosting a table for next year's banquet.



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