

UNION GOSPEL MISSION'S PRE-AUTHORIZED AUTOMATIC MONTHLY GIVING!

Now you have the option of making your contributions to Union Gospel Mission directly from your bank account without the inconvenience of writing cheques or the worry of forgetting to write them!

ADVANTAGES TO YOU:

- ◆ No more cheques to write, which can be lost or stolen.
- ◆ No more postage costs.
- ◆ No worries of being late with a monthly donation or even missing one.

TO US:

- ◆ Income will be more regular for Union Gospel Mission, making it easier to budget.
- ◆ Regular monthly giving will even out seasonal highs and lows.
- ◆ Income will continue for UGM even during a postal strike, donor illness or vacation.

You will still receive official tax receipts for your donations. (If you wish, arrangements can be made for one receipt at yearend).

You can also designate your giving to be applied for the program you are interested in:

- ◆ General Fund
- ◆ Meal-A-Day
- ◆ Adopt-A-Student
- ◆ Women's Centre
- ◆ Other

Please indicate whether you are designating your gift. **Note** that if no designation is given, it will be applied to the General Fund.

TO ENROLL IN THE AUTOMATIC WITHDRAWAL PLAN, please complete the attached form and return it to Union Gospel Mission. For your convenience, automatic withdrawals will continue monthly until you request cancellation in writing.

MAIL THE COMPLETED FORM TO:

UNION GOSPEL MISSION
PO BOX 1073 STN MAIN
WINNIPEG, MB R3C 2X4

If you need assistance or have questions, call

(204) 943-9904

May be canceled at any time: Inform UGM (not your bank) in writing.

Pre-Authorized Payment Authorization

Name(s) _____

Address: _____

Phone: _____

I (we) hereby authorize Union Gospel Mission to process an electronic debit from my account in the amount of \$_____ on the: ___ 1st or ___ 15th day of each month. I wish to receive my receipt: _____ monthly or _____ yearly.

I would like this donation to go toward the following:

_____ General Fund
_____ Meal-A-Day
_____ Adopt-A-Student
_____ Women's Centre
_____ Other _____

The treatment of each gift shall be the same as if I/we had personally issued a cheque authorizing you to pay as indicated and to debit the amount specified to my/our account. This agreement may be cancelled at any time upon written notice to UGM by me/us.

(SIGNATURE/S)

DATE _____

Please enclose a blank cheque marked "void".