

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
- ◆ No more postage costs.
- ◆ No bank fees

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.
- ◆ This option has the least processing costs to the Mission.

You will receive an official tax receipt for your donations at year-end. (Unless you specify that you would like receipts monthly).

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

TO ENROLL IN THE AUTOMATIC WITHDRAWAL PLAN, please complete this 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

OR, SCAN & EMAIL TO:

accounting@gospelmission.ca

If you need assistance or have questions, call: (204) 943-9904 ext. 222

You may cancel at any time: Inform UGM (not your bank) in writing.

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. I/we may cancel this agreement at any time upon written notice to UGM.

Bank Account Details

Transit # _____

Institution # _____

Account # _____

Office Use: Donor ID# _____

Pre-Authorized Giving Authorization

Name(s) _____

Address: _____

Phone: _____

Email: _____

I (we) hereby authorize Union Gospel Mission to process an electronic debit from my account in the amount of \$_____ *the first business day on or after:* _____ 1st or _____ 15th day of each month.

I wish to receive my **receipt:**

_____ monthly or _____ yearly, by

_____ paper or _____ email

I would like this donation to go toward the following:

_____ General Fund

_____ Meal-A-Day

_____ Adopt-A-Student

_____ Women's Centre

_____ Other _____

Note that if no designation is given, it will be applied to the General Fund.

(SIGNATURE/S)

DATE _____

Please enclose cheque for first month of donation, or, enter your banking information (to the left).

**Union
Gospel
Mission**

**Pre-Authorized
Bank Withdrawal
See details inside**

**Mail completed
form to:**

**Union Gospel Mission
PO Box 1073 Stn Main
Winnipeg, MB R3C 2X4**

OR

Scan & Email to:
accounting@gospelmission.ca