



YOUR DONATIONS TO THIS MINISTRY ARE DEEPLY APPRECIATED

Receipts for Income Tax purposes are issued at year's end for all donations totalling over \$15.00 in a given year.

Credit Card Donation:

Full Name as it appears on your Credit card:

Credit Card Number _____

Is Your Credit Card **VISA** - **MASTERCARD** -

Expiry Date of Your Credit Card ____/____
Month Year

Amount you wish to donate \$ _____ Monthly This Time

Accompany your VOIDED cheque with the following:

a) Your full name and address, including title, (Mr. Mrs. – Mr. and Mrs. – Rev.- Dr. - etc) _____

b) Full Mailing Address (snail Mail) _____

c) City _____

d) Province/State _____

e) Postal or Zip Code _____

f) Country _____

g) Telephone number _____

h) Email address – to receive our periodic Newsletter and Information

Email _____@_____

Signature _____

Mail or fax form to the following address:

Cal Bombay Ministries,
P. O. Box 22021,
794 Colborne Street East,
Brantford, Ontario,
N3S 7V1 Canada

Or fax: 1-519-753-6229