



Become a member of the NET Angel Club

Mr. Mrs. Miss Mr. & Mrs. Other _____

Name _____

Address _____

City _____ Province _____

Postal Code _____ Phone (____) _____

- I would like to give a **one-time** gift of: \$ _____ *(Please enclose cheque or fill in credit card info below)*
- I would like to give a **monthly** gift of: \$ _____

I would like to have a monthly gift deducted automatically from:

my chequing account: *(Please include a voided cheque)*

my credit card: Visa MasterCard Other _____
Card number ____ - ____ - ____ - ____ Exp. Date ____ / ____

I hereby authorize NET Ministries of Canada to make a monthly deduction from my bank chequing account or credit card for the amount indicated above.

Signature _____ Date _____

Donations tax deductible
(Reg. Charity # 89411 6854 RR0001)

NET Ministries of Canada
1820 St. Joseph Blvd.
Orleans, ON K1C 7C6
1.877.521.4426 – fax 1.613.841.4296
www.netcanada.ca



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