

| STEP 2:                                                                                                                  | STEP 3:                                                                                                                                                   |                 |
|--------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| I want my donation to support NET by joining:                                                                            | • CHEQUE • DIRECT DEPOSIT                                                                                                                                 | * • CREDIT CARD |
| (Name of NET Missionary or NET Staff)                                                                                    | *Fill out the following information or attach a void chequ                                                                                                | le              |
| Full Name:                                                                                                               | (Transit #) (Institution #)                                                                                                                               | (Account #)     |
| Mailing Address:                                                                                                         | Cardholder's Name:                                                                                                                                        |                 |
|                                                                                                                          | Card #:                                                                                                                                                   |                 |
| Phone #:                                                                                                                 | Exp. date: /                                                                                                                                              |                 |
| Email:                                                                                                                   | I authorize NET Ministries of Canada Inc. to take the amount indicated above from my chequing account or credit card, until I inform them of any changes. |                 |
| <ul><li>EMAIL OR  <ul><li>MAIL</li></ul></li></ul>                                                                       | Signature:                                                                                                                                                | Date:           |
| NET Ministries of Canada   1820 St. Joseph Blvd. Orleans, ON K1C 7C6   1.877.521.4426   Reg. Charity # 89411 6854 RR0001 |                                                                                                                                                           |                 |
| STEP 2:                                                                                                                  | STEP 3:                                                                                                                                                   |                 |
| I want my donation to support NET by joining:                                                                            | • CHEQUE • DIRECT DEPOSIT                                                                                                                                 | * • CREDIT CARD |
| (Name of NET Missionary or NET Staff)                                                                                    | *Fill out the following information or attach a void chequ                                                                                                | le              |
| Full Name:                                                                                                               | (Transit #) (Institution #)                                                                                                                               | (Account #)     |
| Mailing Address:                                                                                                         | Cardholder's Name:                                                                                                                                        |                 |
|                                                                                                                          | Card #:                                                                                                                                                   |                 |
| Phone #:                                                                                                                 | Exp. date:/                                                                                                                                               |                 |
| Email:                                                                                                                   | I authorize NET Ministries of Canada Inc. to take the amou<br>chequing account or credit card, until I inform them of an                                  |                 |
| I prefer communication by:                                                                                               |                                                                                                                                                           |                 |
| ● EMAIL OR ● MAIL                                                                                                        | Signature:                                                                                                                                                | Date:           |
| NET Ministries of Canada   1820 St. Joseph Blvd. Orleans, ON K1C 7C6   1.877.521.4426   Reg. Charity # 89411 6854 RR0001 |                                                                                                                                                           |                 |
| STEP 2:                                                                                                                  | STEP 3:                                                                                                                                                   |                 |
| I want my donation to support NET by joining:                                                                            | • CHEQUE • DIRECT DEPOSIT                                                                                                                                 | * • CREDIT CARD |
| (Name of NET Missionary or NET Staff)                                                                                    | *Fill out the following information or attach a void chequ                                                                                                | ie              |
| Full Name:                                                                                                               | (Transit #) (Institution #)                                                                                                                               | (Account #)     |
| Mailing Address:                                                                                                         | Cardholder's Name:                                                                                                                                        |                 |
|                                                                                                                          | Card #:                                                                                                                                                   |                 |
| Phone #:                                                                                                                 | Exp. date:/                                                                                                                                               |                 |
| Email:                                                                                                                   | I authorize NET Ministries of Canada Inc. to take the amou<br>chequing account or credit card, until I inform them of am                                  |                 |
| <ul><li>EMAIL OR  <ul><li>MAIL</li></ul></li></ul>                                                                       | Signature:                                                                                                                                                | Date:           |