

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.	
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		
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Email:	I authorize NET Ministries of Canada Inc. to take the amou chequing account or credit card, until I inform them of an	
I prefer communication by:		
● EMAIL OR ● MAIL	Signature:	Date:
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