

MONTHLY GIVING COMMITMENT FORM

Date: _____

Agreement between Rock Lake Ministries Inc. and _____

that on the _____ day of every month, beginning (1st) or (15th) until I so desire,

\$_____ shall be charged to my credit card as a monthly donation in support of the mission and ministry of Rock Lake Ministries.

\$_____ - towards Ministry Operation Expenses

\$_____ - towards Director Salaries

\$_____ - Total Monthly Donation

Name on Credit Card _____

VISA #: _/_/_/_/_ / _/_/_/_/_ / _/_/_/_/_ / _/_/_/_/_

M/C#: _/_/_/_/_ / _/_/_/_/_ / _/_/_/_/_ / _/_/_/_/_

Expiry Date: ___/___ / ___ CVV# (back of card) ___-___-___
Month/Year

I, the undersigned, understand that this agreement can be terminated by me at any time by contacting Rock Lake Ministries, either by email, fax or telephone.

Print Name

Signature

Address:

City, Province & Postal Code

Phone #

E-Mail Address:

Completed form may either be mailed or faxed to Rock Lake Ministries.

******YOU MAY ALSO ISSUE POST-DATED CHEQUES WHICH WILL BE DEPOSITED ON THE GIVEN DATE******

Tax deductible Receipts will be issued at the end of the year.

Designated Giving to Approved Programs/Projects: If the designated project for which the gifts have been received has been fully funded, cannot be completed, or has been declared closed, the Board of Rock Lake Ministries reserves the right to redirect such funds to other ministries or projects of Rock Lake Ministries.