



Yes, I want to partner with _____ in the following way:
(Name and/or account # of missionary)

Regular prayer support

Monthly support: ___ \$200 ___ \$100 ___ \$50 \$ ___ other One-time donation \$ _____

I want the option of an Electronic Funds Transfer each month. Please send the form (also available online).

I am giving by credit card below monthly quarterly 5th or 15th (circle one) Starting month _____

___ Visa ___ MasterCard ___ American Express Card Number _____

Expiry Date _____ Name on Card _____

Signature _____

First Name (Mr.) (Mrs.) (Miss) (Ms) _____ Last Name _____

Phone (____) _____

Email address _____

Address _____ City _____

Province _____ Postal Code _____ Country _____

I would like **monthly** receipting

I would like **annual** receipting (only option for pre-authorized giving)

Please return this form with your cheque payable only to PIONEERS. Please do not write the name of the missionary on the cheque.

Mailing Address (Canada): 51 Byron Ave. Dorchester, ON N0L 1G2 (519) 268-8778 website: www.pioneers.ca
Email: finance@pioneers.ca