

UNITED YOUTH OUTREACH

Thank You for Your Support of Our Ministries

Name: _____

Address: _____

City: _____

State/Province: _____ Zip/Postal Code: _____

Tel: _____ Cell: _____

Email: _____

I would like my donation applied to:

UNITED YOUTH OUTREACH \$ _____
 One Time Monthly

MINISTRY

NAME _____ \$ _____
 One Time Monthly

STAFF

NAME _____ \$ _____
 One Time Monthly

Other *(Please Specify Below)* \$ _____
 One Time Monthly

Note: Each gift that is designated toward an approved project/ministry will be used for that purpose, with the understanding that if any given need has been met, designated gifts will be used where needed most. **Financial statements are available upon request. Please contact the office.**

Monthly Pre-Authorized Contributions

Please select one of the following options:

Monthly Cheques

I have enclosed monthly postdated cheques for my support.

Monthly Bank Withdrawals

I hereby authorize United Youth Outreach to draw monthly electronic payments from my bank account for the total amount specified. I would like this debit to my account on the:

1st of Each Month The first payment will commence on: _____ / _____
 15th of Each Month Month / Year

and will continue each month until cancelled by me in writing.

Name: _____

Signature: _____

Please attach a cheque marked "VOID" to the back of this form.

Monthly Credit Card Withdrawals

I hereby authorize United Youth Outreach to draw monthly electronic payments from my credit card for the total amount specified. I would like this debit to my credit card on the:

1st of Each Month The first payment will commence on: _____ / _____
 15th of Each Month Month / Year

and will continue each month until cancelled by me in writing.

Visa Mastercard American Express

Account Number: _____

Expiry Date: _____ / _____ CVV: _____
Month / Year

Name on Card: _____

Signature: _____

PRAYER One of our greatest needs is for people to partner with us in prayer. If you would like to be put on our monthly email prayer list, please check the box and fill out your information at the top of this page. **Please include your email address above.**

OFFICE USE ONLY

Date Processed: _____

Account Code: _____ Signature: _____

 403 717 0707

 403 717 0709

 www.unitedyouthoutreach.ca

 office@unitedyouthoutreach.ca

 #8 - 3530 11A St. NE
 Calgary, AB
 T2E 6M7