

Giving: The Automatic Way Personally Approved Giving Plan

As our partner, your prayer and financial support is vital to Far East Broadcasting Associates of Canada (FEB*Canada*) Chinese ministries. Thus, we are inviting you to join our *Personally Approved Giving Plan*. Here is how it works: by enrolling in our *Personally Approved Giving Plan*, your monthly gift is automatically deposited to FEB*Canada* from your chequing account, on the 20th of each month ... or debited from your credit card re: your choice of the 1st or 15th of the month, until you advise us otherwise.

To enroll, simply fill out the authorization form below and fax them to us at (604)717-8383 or by mail to the attention of Finance Department: FEB*Canada*, 3200 – 8888 Odlin Crescent, Richmond, BC V6X 3Z8. As a participant, you will save yourself valuable time – as well as bank service charges and postage costs. For inquiries, please contact Donor Support (ext. 122) at (604)717-8369 or toll free (800)565-3322.

First Name:	Last Name:	
Address:		
City:	Province:	Postal Code:
Phone/Cell #:	Email Addres	s:
I would like to support:		Monthly Amount
□中國福音廣播事工 China	a Broadcasting (2250)	\$
□福音光碟贈送事工 CD/D	VD Ministry (225B)	\$
□本地福音廣播事工 Local	Broadcasting (225L)	\$
Starting Month		Total: \$
Name of Financial Institution	n:	
Name of Financial Institution Branch Address:	n:	
Branch Address: Account Number:	า:	
Name of Financial Institution Branch Address: Account Number: Signature:	n: Second Signatu	
Name of Financial Institution Branch Address: Account Number:	n: Second Signatui	
Name of Financial Institution Branch Address: Account Number: Signature: Date:	n: Second Signatur Second Signatur que Marked "VOID" *	re – if joint account:
Name of Financial Institution Branch Address: Account Number: Signature: Pate: * Please Attach a Blank Check Monthly PAGP gift debi	Second Signatur que Marked "VOID" * ted from your credi	re – if joint account:
Name of Financial Institution Branch Address: Account Number: Signature: * Please Attach a Blank Check Monthly PAGP gift debi Visa	Second Signatur que Marked "VOID" * ted from your credi Name on Card	re – if joint account: it Card: d:Expiry Date:
Name of Financial Institution Branch Address: Account Number: Signature: * Please Attach a Blank Check Monthly PAGP gift debi Visa	Second Signatur que Marked "VOID" * ted from your credi Name on Card	re – if joint account:it Card:

Receipt issued annually for income tax purposes.

Spending of funds is confined to FEBCanada's approved programs/projects. Each contribution directed toward an approved program/project, will be used as designated with the understanding that when the need for such a program/project has been met, or cannot be completed for any reason as determined by FEBCanada, the remaining designated contributions will be used where most needed.

