

Online Giving Form

New Request

Change

Your Information

Name	<input type="text"/>	Phone	<input type="text"/>
Address 1	<input type="text"/>	City	<input type="text"/>
Address 2	<input type="text"/>	Province	<input type="text"/>
Postal Code	<input type="text"/>		
Email*	<input type="text"/>		

Donation Information

Amount	<input type="text"/>	Envelope Number	<input type="text"/>
Frequency	<input type="text"/>	Your envelope number is a 4 digit number. Ex. 0001, 0010, 1000	
Date (Start date)	<input type="text"/>		

Designation Information

	Amount or %	
Church Ministry Operations	<input type="text"/>	
Building Fund	<input type="text"/>	
Global Advance (Overseas Missions)	<input type="text"/>	
Canadian Ministries	<input type="text"/>	
Other Approved Designations	<input type="text"/>	Indicate Designation <input type="text"/>

Office Use

Balance to Bank Record	Y or N	
Donator Contacted	Y or N	Phone/Email
Comments	<input type="text"/>	