



Pre-Authorized Credit Card Payment Option

Please print this form, fill out and send to NAIM.

I want to use NAIM's Credit Card Payment Option. I authorize NAIM to debit my VISA / Mastercard for the amount indicated on the day shown below. This authorization will remain in effect until I notify NAIM in writing 10 days prior to my next scheduled payment.

Monthly donation amount: \$ _____

To be debited on my Visa / Mastercard on the:

1st of every month 15th of every month

VISA / Mastercard number _____

Expiry Date: _____

Signature _____ Date _____

Project#	Project/Missionary Name	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

Donor number _____ (if known)

NAIM issues annual receipts in January for the previous year's donations. You will receive an acknowledgement each month as your gifts are processed. By providing this personal information To NAIM, you allow us to use this information to process your donations and correspond with you. For more information about how NAIM handles your personal information, see the privacy policy on our website, at www.naim.ca.

Name _____

Address _____

*SERVING WITH FIRSTNATIONS
TO REACH ALLNATIONS*