



Pre-Authorized Credit Card Payment Option

Please print this form, fill it 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 date 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 to my VISA / Mastercard on the (choose one)

- 1st of every month
 15th of every month

VISA/Mastercard number _____ Expiry Date _____

Signature _____ Date _____

Proj #	Name of Missionary/Project	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Donor number (*if known*): _____

Name: _____

Address: _____

Phone: _____

Email: _____

NAIM issues annual receipts in January for the previous year's donations. You will receive an acknowledgment 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 www.naim.ca

NORTH AMERICA INDIGENOUS MINISTRIES