

### GLA Canada Pre-Authorized Giving-Cr Card

With our pre-authorized giving plan you can automatically contribute a consistent amount of your choosing each month. With your authorization we are able to make the transfer from your credit card directly to God's Littlest Angels Canada.

You may change the amount of this transfer or discontinue at any time, simply inform us of this in writing and we will comply.

Please fill in the following form to **sign up** for the pre-authorized giving plan. Mail this form to GLA Canada, Box 984, Okotoks, AB, T1S 1B1. Keep a copy for your records.

#### Pre-Authorized Giving Request:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov:\_\_\_ PC: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Indicate the Credit Card,      VISA                      MASTERCARD

Card number    - - - - -    Exp date\_\_\_/\_\_\_

*GLACanada. Please debit my credit card the following amount each*

month:\$ \_\_\_\_\_ start date, the first day of \_\_\_\_\_

Please use these donations for,

Education               Foot by Foot Building Fund

Where needed

\_\_\_\_\_  
Authorizing Signature,      Date



### GLA Canada Pre-Authorized Giving- Cr Card

With our pre-authorized giving plan you can automatically contribute a consistent amount of your choosing each month. With your authorization we are able to make the transfer from your credit card directly to God's Littlest Angels Canada.

You may change the amount of this transfer or discontinue it at any time, simply inform us of this in writing and we will comply.

Please fill in the following form to **sign up** for the pre-authorized giving plan. Mail this form to GLA Canada, Box 984, Okotoks, AB, T1S 1B1. Keep a copy for your records.

#### Pre-Authorized Giving Request:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov:\_\_\_ PC: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Indicate the Credit Card,      VISA                      MASTERCARD

Card number    - - - - -    Exp date\_\_\_/\_\_\_

*GLACanada. Please debit my credit card the following amount each*

month: \$\_\_\_\_\_ start date, the first day of \_\_\_\_\_

Please use these donations for:

Education               Foot by Foot Building Fund

Where needed

\_\_\_\_\_  
Authorizing Signature ,      Date

