

## **20/20 Vision Commitment**

(Please print out and complete this form)

## YES!

I want to support ABA in the ongoing development of Aboriginal leadership across Canada!

(Receipts are provided for donations of \$10 or more)

HERE IS MY MONTHLY GIFT IN THE AMOUN	T OF:   \$20 OR	<u> </u>
HERE IS MY ONE-TIME GIFT IN THE AMOUN	T OF: - \$	<del></del>
(See below for cheque	e & credit card processin	g details)
DONOR RECEIPT IN	IFORMATION (PLEASE	PRINT):
NAME:		
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POST-DATED CHEQUES (Please find enclosed my AUTOMATIC WITHDRAWAL: I authorize ABA to debit \$ on the 15th Signature: (Please include a blank VOID OR  BILL MY CREDIT CARD MONTHLY:  BILL MY CREDIT CARD ONE-TIME:	/ post-dated cheques) n day of each month beginnir	ng/ (Month) (Year)
Name on Card:		Phone: (613) 344-1703 Fax: (888) 344-0868 info@aboriginalbibleacademy.ca www.aboriginalbibleacademy.ca
Expiration Date: CSC #:		

Complete the appropriate sections above and mail or fax to our office.

One-time donations can also be made at: www.aboriginalbibleacademy/pages/support