



Home of the Good Shepherd Ministries Inc. — *Donation Form*

Web: www.hgsbrazil.org

Email: info@hgsbrazil.org

Phone/Fax: (204) 275-7829

Mail: PO Box 34127, RPO Fort Richmond, Winnipeg, MB, R3T 5T5

Name: _____

Email: _____

Phone: (____) _____

Mailing Address: _____

City / Town: _____

Province: _____

Postal Code: _____

My Donation Is Designated To:

Child Sponsorship (\$30/Child Per Month)

Randy & Carla

General / Operating Fund

Building Project

One Time Gift

Cash

Cheque

Monthly Donation

Automatic Bank Withdrawal
(See Below)

Post-Dated Cheques

"I authorize Home Of The Good Shepherd Ministries Inc. to debit my bank account for \$_____ per month from the account specified on the attached void cheque, starting _____ / _____ (MM/YYYY)." *(*This authorization may be cancelled upon one month written notice)*

Please withdraw funds on:

1st of the month

15th of the month

Signature: _____

Date: _____

***Please return completed form along with donation or void cheque to:**

Scan: info@hgsbrazil.org

Fax: (204) 275-7829

Mail: Home Of The Good Shepherd Ministries Inc.
PO Box 34127, RPO Fort Richmond
Winnipeg, MB, R3T 5T5