



OPEN ARMS MISSION OF WELLAND INC.

Mission Centre
22 Fifth Street
Welland ON L3B 4Z3
905-788-3800

Ministry Campus
933 Forks Road RR#3
Wainfleet ON L0S 1V0
905-714-7923

MONTHLY PRE-AUTHORIZED CREDIT CARD DONATIONS/PAYMENTS

I authorize Open Arms Mission of Welland Inc to charge my credit card on or around the 15th day of each month as a monthly donation.

Amount: \$ _____ per month

Designation: General

Starting on: / / (DD/MM/YY)

Spiritual (Pastoral care)

Ending on: / / (DD/MM/YY)

Physical (Food Hygiene)

Credit Card # MC VISA AMEX

Expiry: / CVV # _____ (back of MC and VISA or front of AMEX)

Signature: _____

For monthly acknowledgements (receipts), and email or text message will be sent.

Email: _____ Cell Phone: _____

Official Charitable Tax Receipts are sent annually after year end (by late January).

Please provide full mailing address:

Address: _____

City: _____ Province: _____ Postal Code: _____

Open Arms Mission of Welland Inc is a registered Canadian Charity # 10780 1474 RR 0001

For more information, contact Marty Misener - Executive Director at Open Arms Mission of Welland Inc.

Phone: 905-788-3800 or Email: marty.oam@gmail.com
