



Prayer Counselling

By Appointment

Montreal, QC	(514) 485-8540
Cornwall, ON	(613) 818-3260
Ottawa, ON	(613) 818-3260
Calgary, AB	(403) 585-2134
Miramichi, NB	(506) 210-0283
Burlington, VT	(802) 655-8908

Head Office

Isaiah 40 Foundation
at The Friendly Home
Montreal, Quebec

Mailing Address

The Isaiah 40 Foundation
at The Friendly Home
5867 Cote St. Antoine Road
Montreal, QC H4A 1S4

Tel: **(514) 485-8540**
 Fax: (514) 485-2290
 Prayer Line: (514) 485-4828
 Website: www.isaiah40foundation.org

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**Pre-Authorized
Contribution Plan**

*“Those who hope in the Lord
will renew their strength.
They will soar on wings like eagles;
they will run and not grow weary;
they will walk and not be faint.”*

Isaiah 40:31

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Pre-Authorized Contribution Plan

Your monthly contribution to the ministry of the **Isaiah 40 Foundation** can be made easily and economically using the **Pre-authorized**

Save time: No monthly cheques to write. Less administration time to process your cheque.

Save money: Postage and envelope costs are eliminated because the donation is automatically transferred.

Save worry: No fear of late, lost or stolen cheques, or of postal disruptions. Your gifts are received promptly and safely.

Save taxes: You will receive an annual income tax receipt (mailed in February) for the total amount of your donations.

Here's what to do:

1. Prayerfully decide the amount of your monthly gift.
2. Complete and sign the authorization form, providing all of the information requested, including the date you wish your contribution to begin.
3. Enclose a sample cheque marked **VOID**. The sample cheque will provide us with the banking information necessary to begin automatic deductions.
4. Detach the form, sign it, and mail it and the sample cheque directly to:

The Isaiah 40 Foundation
at The Friendly Home
5867 Cote St. Antoine Road
Montreal, QC H4A 1S4

Any Questions?

Please call us at (514) 485-8540
or fax us at (514) 485-2290

Pre-Authorized Contribution Plan

Please complete the following information:

I hereby authorize the Isaiah 40 Foundation to arrange automatic deductions from my bank account on the 1st or 16th day of each month, until further notice.

Amount per month: \$ _____

commencing _____ month _____ year

Name: _____

Address: _____

Prov/State: _____ Postal/Zip Code: _____

Telephone: Residence: _____ Telephone: Business: _____

Your account must have chequing privileges!!

Please sign below with all signatures required on cheques issued against your account.

(Signature)

(Signature)

(Date)

This authorization may be cancelled or changed at any time upon written request. Please allow 4 weeks to process a new application, a change, or a cancellation.

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