

**We cannot operate this ministry without your ongoing support
so mail your donations to... 402 Main St. North, Moose Jaw, SK S6H 3K2
(306) 693-JOES (5637) WEBSITE = www.joesplaceyouthcentre.ca**

NAME _____

ADDRESS _____ EMAIL _____

CITY / PROV. _____ POSTAL CODE _____ PHONE # _____

1) General Fund: \$ _____ 2) Capital Projects: \$ _____

3) Staff Support: Name _____ Amount: _____

Please make cheques payable to "Joe's Place"

OR... I Would Like To Sign Up For Pre-Authorized Debit _____ (Also fill out Name, Address etc. above)

Please withdraw on... The 1st of the month ____ or The 15th of the month _____

For the amount of \$ _____ starting on (M/D/Y) _____ until I change or cancel this agreement.
(30 days notice is required to cancel this agreement)

I/We authorize Joe's Place to arrange automatic deductions as per the information provided. By signing this agreement I/We acknowledge having read a copy of the terms and conditions available at www.joesplaceyouthcentre.ca, acknowledges understanding the terms and conditions of this Agreement, and agree to be bound by the terms and conditions of this Agreement. I/We warrant and guarantee that the person(s) whose signature(s) are required to sign on the account have signed the Authorization.

Date _____ 1st Signature _____ 2nd Signature (If 2 signatures required on cheques) _____

NOTE: PLEASE INCLUDE AN UNSIGNED CHEQUE MARKED "Void"

**GENERAL
FINANCIAL
NOTES**

- Receipts are issued at year end.
- Each designated gift will be used as designated with the understanding that when any given need has been met, these gifts will be used where most needed.



To use CREDIT CARD
click on the
"DONATE NOW"
button on our website.