I want to	become a Frien	d of Hope! (monthly donor)		\$20 F	□ \$40	□ \$50	□ \$100	Other: _	
Name				Ψ20 [	_	□ ψ50		_ other. =	
Address			Support – 🗌	l want to building			l support, c	risis response a	and community
City	Prov.	Postal Code	Discipleship — 🗌	I want to provide transportation to church, sunday afternoon gatherings, and facilitate summer camps and retreats.					
Tel	Email		Life Skills	Boundless – I want to help cover the cost of a youth to receive one-on-one mentorship.					
I would like to give using Electronic Funds Transfer Please fill out form below and send in a void cheque.			40	Post-Secondary - I want to contribute towards a young adult gaining education and employment skills.					
Inner Hope receives 100% of your donations through this option.			Housing $ \square$	The Home – I want to help provide supportive housing for a resident.					
🗌 I would	like to give using	Credit Card online		_					
To donate online with a credit card: go to www.innerhope.ca,					4		se fill out this form and mail it to:		
click on t	he tab "donate."	INNER	HO	PE	Inner Hope Youth Ministries P.O. Box 74084, RPO Hillcrest Park				
There will b	oe a 3.5% processing fee	INNER youth n	inist	ries		Park			
		Charity # 83500 4557 RR0001	10 20011 11	,0	wwstrues Vancouver, BC V5V 5C8				

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## Donor information for Electronic Funds Transfer

Please debit my bank account starting on			•									
Please include a sample cheque marked "VOID"												
Donor's Name												
Signature												
Address												
City	Province		Postal Code									
Tel	Email											

I may revoke my authorization at any time, subject to providing notice of 3-4 weeks to process. To obtain a sample cancellation form, or for more information on my right to cancel a PAD agreement I may contact my financial institution or visit www.cdnpay.ca. I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.





## **HOPE Through Relationships**

website www.innerhope.ca email office@innerhope.ca fax 604.638.0991 jenny shantz, executive director 604.767.1357 kiersten ballard, director of programs 778.558.5385

Inner Hope Youth Ministries is registered as a charitable organization in Canada. You will be issued a tax receipt at year-end for your donation. All donations made through CanadaHelps.org will be issued receipts directly from Canada Helps.

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