



Simonhouse Bible Camp Credit Card Agreement

I want to support the mission of Simonhouse Bible Camp!

1. Donor Information (please print clearly)

Name: _____
Mailing Address: _____
Town: _____ Prov: _____ Postal Code: _____
Phone: _____ Email: _____



2. Donation Information

Donation Amount: \$_____, to be processed:

ONE TIME – will be processed immediately.

MONTHLY - I hereby authorize Simonhouse Bible Camp to charge my credit card, in the amount indicated above, on the 15th day of each month or the next business day.

3. Credit Card Information

<input type="checkbox"/> 	Card # <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> 	Expiry date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> CVD <input type="text"/> <input type="text"/> <input type="text"/>

Cardholder Name (as it appears on the card): _____

Cardholder Signature: _____

4. Signature

Spending of donor designated funds is confined to programs and projects approved by SBC. Donations or gifts to SBC which falls outside of SBC's mission and vision cannot be accepted. Each restricted contribution designated towards an approved program or project will be used as designated with the understanding that when the need for such a program or project has been met, or cannot be completed for any reason determined by SBC, the remaining restricted contributions will be used where needed most.

Signature: _____ Date: _____

Please mail or fax to: Simonhouse Bible Camp, # 206 – 35 Main St., Flin Flon, MB R8A 1J7
Fax: (800) 282-1726, Phone: (204) 687-3340, Email: info@simonhouse.ca, Web: www.simonhouse.ca