

Yes! I want to become a Partner with LIFE International...

Name _____

Street _____

City _____ Province _____

Postal Code _____

Home Phone (_____) _____

Office Phone (_____) _____

Email _____

Our one time gift \$ _____.

Our monthly Partnership of \$ _____.

Preauthorized Payment

I hereby authorize LIFE International to debit my chequing account on the 15th of each month for the amount of: \$_____.

Please attach a Void Cheque.

Credit Card

I hereby authorize LIFE International to process my monthly donation on my credit card on the 15th of each month

for the amount of: \$_____.

VISA MasterCard American Express

Card Number _____

Expiry Date ____/____/____

Authorization (Must be completed for monthly Partnership)

Start Date _____

Signature _____

Today's Date _____

THANK YOU

Please print this card, fill it in and mail to:

LIFE International Partners @ P.O. Box 27070, Calgary, AB T3L 2Y1

