



ENGAGE. EQUIP. EMPOWER.

“Yes, I would like to join the Difference Maker team by becoming a Charity Champion!”

Personal Information

Name _____

Address _____

Email _____

Best phone number to reach you at: _____

Authorization

I/We hereby authorize Break Free Outreach Ministries Inc. to debit or cause to be debited the account (as per attached VOID cheque). I/We give my bank or financial institution permission to transfer from my account each month and pay to Break Free Outreach Ministries Inc. the amount of: \$_____.

Please select one of the following days for payment:

_____ 1st day of each month

_____ 15th day of each month

Date: _____

Signature: _____

Signature: _____ (If more than one signature is required)

*** Please return this form and include a cheque marked “VOID”**

Break Free Outreach Ministries Inc.
PO Box 27021 Avonhurst
Regina, SK S4R 8R8

If you require further information, please call our executive director at 306-565-3113 .