



**Toronto Baptist Seminary & Bible College**  
 130 Gerrard Street East  
 Toronto, Ontario, Canada  
 M5A 3T4

Phone: (416) 925-3263  
 Fax: (416) 925-8305  
 Email: [inquiry@tbs.edu](mailto:inquiry@tbs.edu)  
 Web: [www.tbs.edu](http://www.tbs.edu)

## Pre-authorized Giving is easy and secure.

By filling out this form you can give directly to Toronto Baptist Seminary through your bank, Visa, or Mastercard

**Here's how it works:** Complete this form with the amount per month you wish to donate. Return it to us with one of your cheques marked "void". It will take about a month to set up your automatic donation.

If you change banks, just send us a new voided cheque and we will make the necessary changes. Please give us a month's advance notice for any bank or address changes.

You will receive one tax receipt annually, which will be issued in January for the previous year's total donation. This reduces time and cost in paper work and postage.

Date	MM/DD/YY
------	----------

Please complete as fully as possible. This form requires Acrobat Reader in order to be submitted online.

### DONOR INFORMATION

Last Name		First Name	
Address			
City		Prov./State	Postal Code
Country			
Home Phone	Business Phone		Cell Phone
Email			

### DONATION AMOUNT

I/We hereby authorize TBS to debit the bank account or credit card herein indicated the designated amount on the designated day of each month. I/We understand that this authorization may be cancelled at any time upon written notice to TBS. Any delivery of this authorization by me/us constitutes delivery to my/our bank or credit card. Please complete and sign the appropriate section below.	Day of monthly donation	Amount of monthly donation
	1st day	\$
	15th day	

### FINANCIAL INSTITUTION INFORMATION

Name of Financial Institution			
Address			
City		Prov./State	Postal Code
Country			
Branch Transit #	Financial Institution #	Account #	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Signature of account holder	Signature (if joint account)		
<b>X</b>	<b>X</b>		

Please print this completed form, attach your cheque marked "VOID", and mail to TBS at the above address.

### CREDIT CARD INFORMATION

<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard	Name on Card
Credit Card #	Expiration Date
<input type="text"/>	<input type="text"/>
Signature	3-digit code (on back of card)
<b>X</b>	<input type="text"/>

Click here to submit this form using your default email or webmail application.  
 Optionally: Click here to save this completed form on your computer and email to [inquiry@tbs.edu](mailto:inquiry@tbs.edu)

Visit [www.adobe.com](http://www.adobe.com) to download the latest Acrobat Reader for free.