

## **Giving Form**

Name:		
Mailing Address:		
City:	Province:	Postal Code:
Email:		
Telephone:		
I would like to contribute to		
The vital development of the national ministry of ISMC		MC \$
The support of ISMC Staff Member (name):		\$
ISMC's ministry in the o	ity of	\$
Other (please specify):		\$
	Total amount of	donation \$
Comments or special instruction	s:	
Donors in <b>Canada</b> please make y	our cheque payable to ISMC.	
Donors in the <b>USA</b> please make	your cheque payable to ISI (In	nternational Students, Inc.)
Send your cheque along with th	s filled-in form to the approp	riate address below:
ISMC	ISI	
Box 1205	PO Box C	
Three Hills, AB TOM 2A0	Colorado	Springs, CO 80901
I would like to receive ISI	ฟC's quarterly newsletter <i>Doc</i>	orways by email (include email address).
I would like to receive ISI	MC's quarterly newsletter <i>Doc</i>	orways in the mail.
You may withdraw your consent	to receive Doorways at any t	time through our website

ISMC is a charity registered with CCRA and issues tax-deductible receipts for all gifts that qualify.

If you have any questions, please call our finance office at 403-443-5676 or email finance@ismc.ca