

ABC Donor Card

YES – I want to partner with ABC to
prepare believers for active Christian lives
in God's service

Name: _____

Address: _____

City: _____ Prov/State: _____

Postal/ZipCode: _____

Phone: _____

Email: _____

- ☐ I would like to donate the following monthly amount:
\$ _____
- ☐ I prefer to give a single gift of: \$ _____
- ☐ I will pray for ABC students. Please keep me informed.

I PREFER TO GIVE BY:

- ☐ **Automatic Bank Transfer***

I authorize Alberta Bible College to receive the above amount
from my account on the 15th day of each month.

Signature: _____

Date: ____/____/____

- ☐ I have enclosed a cheque marked VOID.

- ☐ **Credit Card**

Card # _____

Expiry: ____/____

Signature: _____

- ☐ **Cheque** – Payable to "Alberta Bible College"

Donations can also be made online.

Go to www.abccampus.ca and click "Donate Now."



**ALBERTA
BIBLE
COLLEGE**

ALBERTA BIBLE COLLEGE

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