

Rexdale Alliance Church
***Interac* e-Transfer Donation Form**

PLEASE COMPLETE ALL SECTIONS OF THIS FORM. THEY ARE REQUIRED IN ORDER TO ENSURE YOUR DONATION IS CREDITED TO YOUR ACCOUNT.

Please note that Rexdale Alliance Church accepts no responsibility for donations received if:

- a. This form is not completed correctly**
- b. This form is not fully completed**
- c. This form is not sent at the time of the e-transfer.**

First Name: _____

Last Name: _____

Street Address: _____

City, Province: _____

Postal Code: _____

Ministry Fund: Amount:

Missions Fund: Amount:

Vision Fund: Amount:

Benevolent Fund: Amount:

Love Unending Ministry: Amount:

Total:

Date of Interac e-transfer: _____

Approx. time of Interac e-transfer: _____

Password (only if required): _____