



CBWOQ Monthly Withdrawal Form

Contact Information

First Name

Last Name

Phone Number

Email

Address

CBWOQ Monthly Withdrawal Consent

Yes, please enroll me as CBWOQ Monthly donor

On the 1st of each month, I want to give the amount of :

\$10

\$25

\$50

\$100

Other _____

Please use my credit card to process my donation

Name on Card

Visa/Mastercard Number

Expiry Date



CBOQ Church Or Women's Group Member Information

Name of Church and or Women's Group

City/Town

Are you a member of this group or affiliated?

Member

Affiliated

Signature

Date:

A receipt will be issued at the end of the year for income tax purposes.

Charitable Registration number

11921 5044 RR0001.

YES! Please sign me up for E-link!