



## Pines Bible Camp Monthly Donation Agreement Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile/Other Phone: \_\_\_\_\_

I will donate \$ \_\_\_\_\_ on the \_\_\_\_\_ day of each month to Pines Bible Camp via the credit card below.

Start date: \_\_\_\_\_ End date: \_\_\_\_\_  Continue until I notify Pines

### Credit Card Information:

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp: \_\_\_\_/\_\_\_\_ CVV: \_\_\_\_\_

Billing address same as above

Billing Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

I, the above named, agree to donate monthly the sum as indicated above according the parameters outlined. I understand that I can change this agreement at any time and will not be penalized for ending or extending the dates.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please return the completed, signed copy of this agreement form to the address or email address below.

*Thank you very much for your commitment to the work and ministry of Pines Bible Camp!*

Pines Bible Camp  
10005 North Fork Road Grand Forks, BC V0H 1H8  
250-442-0220 info@pinesbiblecamp.com

**Submit Form**