

# Printable Donation Form

## Personal Contact Information

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

Address: \_\_\_\_\_

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

Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

## Gift Designation

Please designate my monthly donation to the following:

- AIM Partner Indigenous Mission (Please indicate, if known): \_\_\_\_\_
- AIM Staff (Please indicate name): \_\_\_\_\_
- Other (Please indicate): \_\_\_\_\_

## Pre-Authorized Monthly Donation

I hereby authorize Advancing Indigenous Missions to withdraw regular donations on the

1st

or

15th

of each month to be used as indicated on this form.

Debit my **Bank account** (please enclose a void cheque) in the amount of

\$ \_\_\_\_\_ per month beginning on \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(day) (month) (year)

Signature: \_\_\_\_\_

*AIM confines the spending of funds to board approved programs and projects. Each restricted contribution designated towards a board approved program or project will be used as designated with the understanding that when the need for such a program or project has been met, or cannot be completed for any reason determined by the board, the remaining restricted contributions designated for such program or project will be used where needed most.*



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