



MARITIME
CHRISTIAN COLLEGE

Pre-Authorized Payment Form

(please print clearly)

Name: _____

Address: _____

Phone: _____

Email: _____

I hereby authorize Maritime Christian College to arrange automatic withdrawals from my bank account on the _____ day of each month.

Amount \$ _____ per month

Commencing _____, 20____
month year

Branch _____

Institution _____

Account _____

or enclose a cheque marked "VOID"

Signature

Date

Mail to : Maritime Christian College, 9 Lilac Avenue, Charlottetown, PE C1A 6L1
Email to: pching@mccpei.com



Stewardship Policy:
"Spending of funds is confined 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 a program or project will be used where needed most."

www.mccpei.com/Canadian-donations