
LAST NAME

FIRST NAME

ADDRESS

CITY, PROVINCE

POSTAL CODE

TELEPHONE/EMAIL

I WOULD LIKE TO SUPPORT:

- Most Needed
- Agape Table Meal Program
- Agape Table for Kids
- Endowment Fund

Monthly contribution of \$ _____ . ____

One time contribution of \$ _____ . ____

WITHDRAW ON: ____ / ____ / ____
(MM/DD/YY)

CHEQUE

TELPAY

VISA

MASTERCARD

CARD NUMBER

EXPIRY

SIGNATURE

I would like the Chair of the Board to contact me
about a gift of securities or a bequest

PLEASE SUPPORT OUR PROGRAM.

Your donation makes a difference!

PLEASE SEND YOUR DONATION TO:

Agape Table Inc

PO Box 26111

Winnipeg, MB R3G 3R3

Registered Canadian Charity

10668 7833 RR0001

0907

I would like to remain anonymous