

MAKE A DONATION to CIAM Media & Radio Broadcasting

CIAM is a listener-supported non-commercial radio station. It is because of your faithful support in finances and prayers that we can continue to broadcast the Good News. Please prayerfully consider how you can partner in this outreach ministry.

I would like to support CIAM Radio as indicated below:

1. One time donation for the amount of \$ _____
2. Automatic Bank Transfer (monthly) \$ _____ (see below)

Please direct my donation to the following area (check off all that apply)

- ▲ CIAM Ft. Vermilion/La Crete/High Level/Meander River/Chateh/Red Earth/Fort Chipewyan \$ _____
- ▲ CIAM Edmonton Support Center \$ _____
- ▲ New Development Support (Fort Liard) \$ _____
- ▲ General Donation CIAM Media & Radio Broadcasting \$ _____

- ▲ Missionary Support (Michael & Man Sandstrom) \$ _____
- ▲ Missionary Support (Phil & Rhonda Peters) \$ _____
- ▲ Missionary Support (Walter & Aileen Pope) \$ _____
- ▲ Missionary Support (Melissa Roshini) \$ _____

- ▲ Crossroad FM (Grande Prairie) \$ _____
- ▲ Team Radio Harvest FM (Taber & Lethbridge) \$ _____
- ▲ Peace Valley Radio (Peace River/Manning) \$ _____
- ▲ Share Radio (Hines Creek/Cleardale/Fairview) \$ _____
- ▲ Dove Radio (Slave Lake & Wabasca & Peerless Lake) \$ _____
- ▲ Valley Community Radio The Light 98.5FM (Vanderhoof, BC) \$ _____
- ▲ Refresh Radio (Boston Bar, BC) \$ _____
- ▲ Fountain FM (Osler, SK) \$ _____
- ▲ Victory FM (Prince Albert, SK) \$ _____ **(Send Donations Directly to Victory FM see contact info for address)**
- ▲ Sunrise Radio (Fort St John, Dawson Creek, Prespatou, Rose Prairie, Telegraph Creek) \$ _____ **(Send Donations Directly to Sunrise Radio see contact info for address)**

Please provide us with your contact information:

Your Name: _____
Address: _____
City: _____ Province: _____
Postal Code: _____
Phone: _____ Cell _____ Email: _____

***Please make your cheque payable to CIAM Media & Radio Broadcasting.*

Automatic Bank Transfer Information

I authorize CIAM Radio to make regular deductions from my chequing account for \$ _____ on the 27th of every month beginning on _____ (date).

Name (printed) _____

Signature: _____

***Please include a blank cheque that is used with this account and mark it VOID. ***

