

Pure Witness Ministries Monthly Giving Plan

- offers you the opportunity to easily invest monthly in the work of evangelization of Pure Witness Ministries as we reach out to the youth and families we serve.
- gives us a base of support that we can count on all year round, as we plan and carry out our mission to bring the life-changing message of purity to all ... setting Christ at the heart of our lives!
- is a convenient, secure and reliable method of transferring funds monthly from your bank account or applied to a credit card in support of the mission of Pure Witness Ministries.
- allows us to reduce processing costs, while ensuring that donations will be made on time — and at the same time — each month.
- is simple to set up and make changes to as needed, such as the amount you wish to donate or changes to your bank account or credit card.

To begin contributing through **PWM's Monthly Giving Plan**, simply complete the attached form and mail or fax it to:


Pure Witness Ministries
Site 500 Box 17 RR5
Saskatoon, SK S7K 3J8

Fax: 306-242-4607

For more info, call us at 306-934-3511
or email us at info@purewitness.com



“Mankind has a decisive need for the witness of courageous and free young people who dare to go counter-current and proclaim strongly and enthusiastically their faith in God, Lord and Saviour.”
~ Blessed John Paul II



As Bishop of the Roman Catholic Diocese of Saskatoon I wish to offer my blessing and support for the efforts of Pure Witness Ministries to provide outreach to the youth and families of our diocese. I welcome the efforts of Pure Witness Ministries to share in the work of the new evangelization in our diocese. May God's blessings be upon all those involved with Pure Witness Ministries, as well as those who will benefit from this ministry.

*Bishop Don Bolen,
Roman Catholic Diocese of Saskatoon*

Pure Witness Ministries is a
Registered Canadian Charity (#84012 3053 RR0001).
Income Tax Receipts are issued in February.



“Let no one despise your youth, but set the believers and example in speech and conduct, in love, in faith, in purity.”
~ 1 Timothy 4:12 ~

**When you support Pure Witness Ministries
YOU help make these great things happen**



The Pure Witness Team
A group of dynamic youth offering a year of missionary service to the Church.



A.L.I.V.E. Retreats
A dynamic experience, put on by the PWT, for schools and parishes.



Youth Evangelization Program
For those seeking to get more out of their faith and to give more back to our world.



ReConnect Events
For youth and families to ReConnect in a social context of faith enrichment.

Purity Rallies
All day rally events for families celebrating the power of Christ's Purity in our lives.



An investment in the youth and families of today is an investment in our future

I wish to donate to:

PWM General Operations

Pure Gift Program

PW Team General Fund

FOR ANY TYPE OF DONATION: (one-time cheque, cash, monthly pre-authorized debit, credit card)

PLEASE FILL IN ALL THE INFORMATION IN PURPLE SO THAT A PROPER INCOME TAX RECEIPT CAN BE MADE OUT TO YOU

Donor Name: _____

Address: _____ City _____ Prov _____ Postal Code _____

Phone Number: _____ Email: _____

This donation is made on behalf of: an individual a business _____

One-Time Donation by Cheque

Please make cheque payable to *Pure Witness Ministries* and send to: **Site 500 Box 17 RR5 Saskatoon, SK S7K 3J8**

PAD (Pre-Authorized Debit Agreement) with Pure Witness Ministries Inc.

Please debit my bank account monthly (please attach VOID cheque)

\$500 \$300 \$200 \$100 \$75 \$50 \$25 Other Amount (please specify) _____

Signature: _____

The debit will be processed to your account on the **16th day of each month** or the next business day.

I may revoke my authorization at any time, subject to providing notice of 15 days. To obtain a sample cancellation form, or for more information on my right to cancel a PAD Agreement, I may contact my financial institution or visit www.cdnpay.ca. I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.

Please fill in your full address and contact info in purple above so that we can process your PAD Agreement and a tax receipt can be issued to you.

Please MAIL you completed PAD form and VOID cheques to:

Pure Witness Ministries Inc.

Site 500 Box 17 RR5 Saskatoon, SK S7K 3J8

Or FAX your completed form
and VOID cheque to:

Fax: 306-242-4607

Credit Card Donation

One-Time Support in the amount of \$ _____ OR Monthly Support in the amount of \$ _____
deducted on the 15th of each month

Visa MasterCard American Express

Card # _____ / _____ / _____ Expiry Date MM / YYYY Code: _____

Please fill in your full address and contact info in purple above so that we can process your credit card and a tax receipt can be issued to you.

I hereby authorize **Pure Witness Ministries** to process my credit card (to deduct my gift as defined above) through **CanadaHelps**, a registered Canadian Charity, Business No. 896568417RR0001, established to help other Canadian Charities with processing donations.

Please note that your tax receipt will come from **CanadaHelps** if you choose to donate by credit card.