

Camp St. Martin | Mission Partner Donation Form



CSM Mission Partners support the camp community both spiritually and financially. Partners can choose how their donation is used by selecting an area to support, listed below. *Every donation will receive a charitable tax receipt.*

Camper Sponsorships – Camp is for EVERYONE! We desire to help low income families send their kids to Camp St. Martin. Through sponsorship, several youths have had their lives impacted in a powerful way through the sacraments and the camp community.

I pledge to support Camper Sponsorships.

CSM Missionaries – CSM Missionaries are young people ages 18 – 35 who often give up their holiday time and take time off work to come serve at Camp St. Martin as counsellors, nurse and in other leadership roles. We desire to support these generous volunteers with a stipend, move towards more/better team formation and having 2 paid summer staff. Only with mission partners can this be made possible.

I pledge to support CSM Missionaries.

Maintenance – Camp St. Martin is held at Camp Artaban near Grimshaw, AB. This facility—owned by the Anglican Diocese of Athabasca—relies heavily on charitable donations to maintain its property and structures; such as bunk houses, chapel, hall, kitchen, bathrooms, boat house and water system. We desire to continue to use this facility for our camp and want to help support them in keeping camp Artaban in a safe and enjoyable condition.

I pledge to support the maintenance of the camp Artaban facility.

CSM Wish List – Everyone likes nice things, and so do we! Some of the items you might find on our wish list are – new sports equipment, waterfront toys/structures, books, bibles, chapel/mass items, obstacle courses, camping equipment, etc.

I pledge to support the purchasing of CSM Wish List items

Most Needed – We never know which area will be in greatest need for the greater good of Camp St. Martin. We might be short a sponsorship for a camper or need a new soccer ball or to support a CSM Missionary or Chaplin.

I pledge to support the area my donation is Most Needed.

Thank you for partnering with us and joining the mission to build up the kingdom!

Please Mail Form (or drop off) with donation/details to:

*Archdiocese of Grouard-McLennan 10301 102 Street, Grande Prairie, AB. T8V 2W2
Phone: 780.532.9766 Fax: 780.532.9706 W: www.archgm.ca Email: eucharistsddv@gmail.com*

Option #1: PRE – AUTHORIZED DEBIT (PAD) FORM

Name(s): _____ - _____

Address: _____ City: _____ Province: _____

Postal Code: _____ Phone Number: _____

Email: _____

I/We would like to contribute to the Second-Mile Giving Initiative by making monthly donations to the Archdiocese of Grouard-McLennan by *Direct Debit*. Details of Account are as follows:

Name of Account Holder(s): _____

Name of Financial Institution: _____ Account Number: _____ Branch: _____

OR attach a VOID Cheque or Pre Authorised Debit form from your banking institution.

I/We the account holder(s), authorize the Archdiocese of Grouard-McLennan to debit the above account in the amount stated below. The branch of the financial institution at which I/We maintain the account is not required to verify the payment(s) are drawn in the accordance with this authorization. All information is kept strictly confidential.

I/We agree to notify the Archdiocese in writing of any changes in account information prior to next pre-authorized debit date. I/we have certain recourse rights if any debit does not comply with this agreement. I/We have the right to reimbursement for any debit that is not authorized or inconsistent with this PAD Agreement.

I/We authorize a debit in the amount of (check below)

\$15 \$25 \$30 \$100 \$200 \$500 Other: \$ _____

starting on the 15th of _____, 20____. Final Date: _____ (if Any)

To obtain more information about PAD Agreements please visit your financial institution or www.cdnpay.ca

Signature Account Holder 1: _____ Date: _____

Signature Account Holder 2: _____ Date: _____

Option #2: Pledge Form

Credit Card Donations Cash Cheque

*Please make Cheques payable to “Archdiocese of Grouard McLennan”

Please circle one: **One Time Donation** | **Monthly** | **Annual**

\$15 \$25 \$30 \$100 \$200 \$500 Other: \$ _____

Name on Card: _____ Circle: VISA | Master Card

Card Number: _____ - _____ - _____ - _____ Expiry Date: ____ / ____

Signature: _____ Date: _____