



**WORLD MISSION CONTINUUM Partnership Form**  
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*Print & fill out this partnership form to invest in the ministry of Nopparat & Renée Treeyanon in Thailand.  
 Make cheques/money orders payable to World Mission Continuum.  
 Write "Nopparat & Renée Treeyanon" on the memo line. Mail, e-mail or Fax to the address above.*

**Personal Information:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ PC: \_\_\_\_\_  
 Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**MY COMMITMENT: YES, Aua & Renée, I want to be a part making disciples and growing leaders in Thailand. Please accept my gift of:**

I would like to give:

- A special gift in the amount of: \$ \_\_\_\_\_
- Monthly partnership in the amount of:
  - \$75
  - \$100
  - \$100
  - \$150
  - \$200
- Other: \$ \_\_\_\_\_

I would like to give by:

- Cash (please enclose)
- Cheque/Money Order (please attach)
- Pre-Authorized Debit\* (see below)

**\*PRE-AUTHORIZED DEBIT AGREEMENT**

I authorize World Mission Continuum to debit my bank account in the amount of \$\_\_\_\_\_ each month. I agree to have my account debited on the 10th day of each month or the next business day. Please attach a "VOID" cheque with your banking information. *(Be sure to sign the signature line above.)*

I am aware that I may revoke my authorization at any time, subject to providing notice of 5 business 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](http://www.cdnpay.ca).

I am aware 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](http://www.cdnpay.ca).