

I want to Join the Vision and be a member of

The  *Legacy Group*

Here is my Monthly Gift.

I understand that my donation will help supply practical support and non-judgmental care to those affected by an unplanned pregnancy.

Please debit my bank account
(attach VOID cheque) by \$ _____

The debit will be processed to your account on the 1st day of each month or the next business day.

Signature _____

Date _____

This donation is made on behalf of

an Individual a Business.

Pregnancy Care Centre
429 Tranquille Road, Kamloops, BC V2B 3G9
Phone: 250-376-4646
Email: info@MyPregnancyChoices.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.

I may revoke my authorization at any time, subject to providing notice of 30 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.

*It's not how much we give, but
how much love we put into giving.*

MOTHER TERESA.

Please fill out so we can send you a tax receipt.

Name (Please print) _____

Address _____

City _____

Prov. _____ PC _____

Phone _____

E-mail _____

I do not want to receive any further communications

By becoming a member of *The Legacy Group*, your regular donation allows the Pregnancy Care Centre in Kamloops to plan and budget programs in advance.

Two hundred members giving a monthly gift of twenty five dollars or more will ensure continuation of our work in the community the results will be your legacy.

Thank You!



**Pregnancy
Care Centre**

Charity Number 85614 5594 RR0001