

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.

Don't forget to fill out the reverse side
so we can send you a tax receipt.

*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