

I want to help to bring lasting hope! Here is my Monthly Gift.

I understand that my donation will help support 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 • Suite 200 - 535 Tranquille Road, Kamloops, BC V2B3H5
Phone: 250-376-4646 • Email: info@pregnancycarekamloops.com.

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.

Please fill out so we can send you a tax receipt

Name (Please print) _____

Address _____

City _____

Prov. _____ Postal Code _____

Phone _____

E-mail _____

Yes I would like to receive occasional information *(Your mailing information will not be shared with third parties. We take your privacy seriously).*

 Thank You!

Tax Number BN 85614 5594 RR0001

WEBSITE