

# I want to help to bring lasting hope!

## Here is my Gift.

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

**My Gift of \$ \_\_\_\_\_**

Please make cheque payable to:

Pregnancy Care Centre Society of Kamloops

Mail to: Suite 200 - 535 Tranquille Road,  
Kamloops, BC V2B 3H5

*(A tax receipt will be issued for all donations over \$10.00)*

*Tax number BN 85614 5594 RR0001*

*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 serious).*



*Thank  
You!*

WEB SITE