Pregnancy Care Centre

TRUST • COMPASSION • CARING

Together we can make a difference!

(Please print)

Name _____

Address _____

City _____

Postal Code _____

Phone _____

Church _____

E-Mail _____

DONATION DESIGNATED TO:

❑ North York ❑ Scarborough ❑ General

METHOD OF DONATION:

❑ Cash $ _____

❑ Cheque $ _____ (payable to Pregnancy Care Centre)

Visa:

❑ Option for 1 time only $ _____

❑ Pre-authorize monthly withdrawl $ _____

Expiry _____ Card # _____

I (we) authorize Pregnancy Care Centre to receive $ _____ monthly.

Authorized Signature: _____

Donations are tax receipted at year end.

❑ Please send me your quarterly newsletter

❑ I am interested in serving as a volunteer

❑ Prayer Support

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Charitable Status Number: 10778 6683 RR0001