

The Valley Care Pregnancy Centre ❖ Monthly Supporter Enrollment

I want to become a monthly donor to support the ministries of
The Valley Care Pregnancy Centre.

I understand that I may cancel this arrangement in writing at any time.

I prefer the gift to be made on the 1st or 16th of each month.

I want to use my CHEQUING account. I hereby authorize
The Valley Care Pregnancy Centre to deduct:

\$10 \$40 \$50 \$_____ from my chequing account each month.

Please enclose a cheque marked "void" so that we may make arrangements with your bank.



Signature _____

PO Box 723, Kentville, NS B4N 3X9

Tel: 902-678-6217 Toll Free: 1-800-284-7740 Fax: 902-679-1287 Email: info@asafeplaceforme.com