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.	Life is Beautiful	
I understand that I may cancel this arrangement in writing at any time. I prefer the gift to be made on the \Box 1st or \Box 31st of each month. I want to use my CHEQUING account. I hereby authorize	3	
The Valley Care Pregnancy Centre to deduct:		Thank You!
□ \$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		_

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