

DONATE
ONLINE
NOW



HOPEWELL
Clinic + Pregnancy Centre

Donations can be made by:

CREDIT
CARD

P.A.D.

E
TRANSFER

For **PAD**, please fill in the below form and return to Hopewell at 429 Tranquille Road or email to donate@hopewellkamloops.ca.

For **etransfers**, please send to donate@hopewellkamloops.ca. If you would like a tax receipt, please also send an email with your contact info.

Monthly Donation: \$10 \$25 \$50 \$100 \$ _____

Please withdraw monthly donation on the **1st** or the **15th** of the month.

One Time Donation Amount \$ _____

Name _____

Address _____

City _____ Province _____ Postal Code _____

Phone _____

Email Address _____

Please attach a void cheque or fill in the banking information below:

Institution # _____

Branch (Transit) _____

Account _____

Monthly donors: I hereby authorize the Hopewell Clinic + Pregnancy Centre to debit my account for the amount identified above. This authorization may be cancelled following written notice.

Signature

Date

- I want to become a monthly partner, but I do not have my banking information here. Please contact me for my banking information.
- Please do not send further correspondence.
- Please send information on volunteer opportunities.

*thank
you!*