

Thank you for your interest in becoming a monthly donor of New Brunswick Right to Life!

Please fill out the form below and return it by mail with a void cheque to: NB Right to Life, PO Box 113, Stn A, Fredericton, NB E3B 4Y2

I would like to support New Brunswick Right to Life through monthly donations.

Please debit my accou	unt \$10 \$25 \$50 \$100 Other: \$ (specify) on the
1st 15th of each month beginning on:	
	date
	Your Information
Name:	
Address:	
City:	
Province:	Postal Code:
Phone:	
Email:	
I am making this donation on behalf of: An individual A business Attach Void Cheque	
I hereby authorize New Brunswick Right to Life to arrange automatic debits from my bank account on the above	
date of each month or the next business day there-after	
Signature:	Date:
I may revoke my authorization at any time, subject to providing notice of 15 days. To obtain a sample cancellation form, or for more information my right to cancel a Pre-Authorized Debit (PAD) Agreement, I may contact my financial institution or visit www.payments.ca	
I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to	

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Spending of funds is confined to board approved programs and projects. Contributions will be applied to the general fund and used for the highest need.

TAX RECEIPTS WILL BE ISSUED AT END OF EACH CALENDAR YEAR. Your support is deeply appreciated

New Brunswick Right to Life Phone: 1-888-796-9600 or 506-459-8990 Email: office@nbrighttolife.ca