

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