



[mypregnancychoices.ca](http://mypregnancychoices.ca)

The **Pregnancy Care Centre** exists to offer support to women and families affected by an unplanned pregnancy. We provide **education, resources and support** so that **women can be empowered** to make an informed decision for their future. Clients who choose to parent are offered a network of supports from a positive pregnancy test until their child enters kindergarten. This includes prenatal education, parenting education, free baby items,

life-skills coaching and moms groups that build skills and friendships. Women who choose to make an adoption plan are offered assistance as they grieve their loss and move forward to accomplish their goals for their future. Women who have experienced an abortion are offered post-abortion grief support by trained client advocates. **It is our desire that the Pregnancy Care Centre is defined by love.** We love because He first loved us.

## STAFF

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**PREGNANCY  
CARE CENTRE**

## CONTACT INFORMATION

250.376.4646 | [info@mypregnancychoices.ca](mailto:info@mypregnancychoices.ca)  
429 Tranquille Rd. Kamloops, BC V2B 3G9  
Office Hours: Monday–Friday 12–4pm

We invite you to join the mission!



Your partnership will ensure more clients receive the support they need.

Donate online

[mypregnancychoices.ca](http://mypregnancychoices.ca)



Click **DONATE** to donate on our CanadaHelps Page.

**Preauthorized Debit (PAD):** Please fill in the below form and return to the Pregnancy Care Centre.



**Monthly Donation:**

\$10    \$25    \$50    \$100   \$ \_\_\_\_\_   One time \$ \_\_\_\_\_

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 Pregnancy Care 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 ministry 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.
- Please send information on becoming a board member.

