

We invite you to join THE VILLAGE...

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



DONATE ONLINE: hopewellkamloops.ca
Click DONATE to donate on our CanadaHelps Page.



E-TRANSFER to donate@hopewellkamloops.ca
Please include your mailing address in the email message for a tax receipt.



P.A.D. PREAUTHORIZED DEBIT (PAD): Please fill in the below form and return to Hopewell, 429 Tranquille Road.

Monthly Donation:

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

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

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 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.

