

Step 1:

Print the authorization below, complete it and select the day of the month you want the withdrawal to take place.

Step 2:

Provide a bank cheque clearly marked "VOID" on the account from which you would like the withdrawals to be made.

Place the voided cheque and authorization form in a sealed envelope and mail to:

Victoria Pregnancy Centre

Attn: VPC Bookkeeper

#112 – 826 North Park Street

Victoria, BC V8W 3B4

Tax deductible receipts will be issued annually.

How to increase or alter my contribution?

The preauthorized chequing plan can be altered or canceled at any time following written notice from the donor to Victoria Pregnancy Centre. Please allow four weeks to process changes.

Authorization Form

I authorize Victoria Pregnancy Centre to withdraw a monthly amount of:

\$ _____ Name: _____

Address: _____

City: _____

Prov: _____ Postal Code: _____

Phone: _____

Email: _____

*Please enclose a void cheque

Signature: _____

Start Date: _____