

Pre-Authorized Giving Plan



LifeCanada's Mission Statement

*To promote the sanctity of human life
from fertilization to natural death
through public education*

*To advocate for the pre-born, the dis-
abled, the infirm and the elderly who are
uniquely created by God*

The Pre-Authorized Giving Plan

*Thank you for considering this easy,
economical way to make your
donation to LifeCanada.*

Savings: You send in only one cheque and save on postage, stationery and time.

Convenience: Your gifts are automatically deducted from your account for you on a regular basis. You receive one receipt for your entire year's giving.

Please Note: This is not a tax receipt. LifeCanada is not a registered charity

You maintain control: Changes and cancellations can be made by electronic mail, a quick phone call or a letter.

Assured delivery: Your gifts will arrive even during a postal strike.

The simple plan:

1. Fill out the Authorization Form on page 2.
2. Enclose a blank cheque marked VOID.
3. Mail to the LifeCanada office.

The Authorization Form permits LifeCanada/VieCanada to draw and issue cheques on the 15th day of each month. You may designate funds to specific projects.

Spending of funds is confined to board approved programs and purchases.

Please allow three weeks for the authorization to take effect.

You can help LifeCanada promote human life

Your donations will enable us to:

- provide educational resources to MPs and Senators
- translate resources into French in order to be an effective bilingual organization
- develop extensive curriculum kits for use in schools
- produce educational resources such as the "Health Risks of Abortion" brochure (published in April 2005 with Guelph Right to Life Association)
- produce comprehensive speaker's manual on life issues
- network with like-minded organizations to promote unity
- commission an annual national opinion poll on life issues
- maintain a specialized educational website that features the latest research and resources on life issues
- co-host an annual national pro-life conference
- produce a bi-monthly newsletter

 LifeCanada/VieCanada

376 Churchill Avenue North,
Suite 310
Ottawa, ON K1Z 5C3

Phone: (613) 722-1552
Fax: (613) 722-2201
E-mail: info@lifecanada.org
Website: www.lifecanada.org

Direct Withdrawal / Retrait Direct

Surname/Nom _____

First Name/Prnom _____

Phone/Téléphone _____

Address/Adresse _____

Code Postal Code _____

I authorize : / J'autorise:

LifeCanada/vieCanada

310-376 Churchill Avenue N. Ottawa, ON K1Z 5C3

Phone/Téléphone 1-866-780-5433

to effect withdrawals from my account in the sum of
à effectuer des retraits dans mon compte la somme de \$ _____

Frequency of payment: monthly every 2 month every 3 months every 6 months annually
Fréquence des versement: mensuels à tout les 2 mois à tout les 3 mois à tout les 6 mois annuels

Direct Withdrawal / Retrait Direct

the 15th of each month / Le 15 jour de chaque mois

Include a blank cheque with VOID written across it / Joindre un chèque portant la mention ANNULÉ

Name of financial institution: _____
Nom de l'institution financière: _____

Address / Adresse: _____

Institution No. _____ Transit No. _____ Account No. _____
N° de l'institution: _____ N° de transit: _____ Compte no.: _____

I hereby consent to the disclosure of the information contained in my Direct Withdrawal application to the financial institution, provided such information disclosure is directly related to and required for the smooth application of the rules governing pre-authorized debits. Je consens à ce que les renseignements contenus dans ma demande d'adhésion au retrait direct soit communiqués à l'institution financière, dans la mesure où cette communication de renseignements est directement reliée et nécessaire à la bonne mise en oeuvre des règles applicables en matière de débits préautorisés.

I retain my right to revoke at any time this authorization by notifying my financial institution in writing. Par ailleurs, je conserve le droit de révoquer en tout temps mon autorisation en avisant par écrit mon institution financière.

I understand that a debit for a fixed amount on a fixed date will be taking place by the financial institution: *Your Credit Union Limited* which is withdrawing the money on behalf of LifeCanada. Je comprends que le retrait d'un montant pré-déterminé sera effectué à une date fixe par l'institution financière *Your Credit Union Limited* qui complètera ce retrait pour VieCanada.

Full Name / Nom et prénom _____ Date _____

Signature _____