

# CLC Urgent Appeal

**The Life-saving work of Campaign Life Coalition must go on! Enclosed is my contribution for this time of extra special need.**

\$10,  \$25,  \$50,  \$100,  \$250,  \$500,  \$1,000,  \$5,000,  \$10,000,  Other \$\_\_\_\_\_

***Any amount would be greatly appreciated!***

I would like to donate via monthly pre-authorized bank withdrawals.  
(see over)

I would like to receive information on how I can include CLC in my will.

I am donating via credit card.

Name\_\_\_\_\_

Card#\_\_\_\_\_ Expiry date\_\_\_\_\_

Signature\_\_\_\_\_

Type of card  Visa

MasterCard

I do not require acknowledgement of my gift.

SA0609

Name\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_

Prov\_\_\_\_\_ Postal Code\_\_\_\_\_

**Name** \_\_\_\_\_

**Pre Authorized Monthly Chequing  
Program**

**Address** \_\_\_\_\_ **Apt.** \_\_\_\_\_

**'Void'** Cheque enclosed  
(Required for pre-authorized  
transactions)

**City** \_\_\_\_\_ **Prov.** \_\_\_\_\_ **Postal Code** \_\_\_\_\_

**Telephone** \_\_\_\_\_

**I (we) authorize Campaign Life Coalition to process a debit, in paper, electronically or by other form in the amount of:  
\$\_\_\_\_\_ on my (our) account on the 16th day of each month**

**beginning in** \_\_\_\_\_  
*(Month)*

*Signature* \_\_\_\_\_

*Date* \_\_\_\_\_

*Signature* \_\_\_\_\_

*Date* \_\_\_\_\_