

Campaign Life Coalition

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Toronto, Ont, Canada M5B1X9 fax: (416) 204-1027
web site: www.campaignlifecoalition.com email: clc@lifesite.net

Dear Jim,

With the enclosed donation I join with you in support of CLC's numerous, crucial activities for the defence of life.

\$30, \$50, \$75, \$100, \$250, \$500, \$1,000, \$5,000 \$10,000 Other \$ _____

I would like to donate by monthly pre-authorized bank withdrawals/
or increase my monthly donation (see over)

I will pray for CLC and its leaders on a regular basis

I would like to add Campaign Life Coalition as a beneficiary in my will.
Please send me information.

I am donating via credit card Mastercard Visa Amount \$ _____

Credit Card # _____

Expiry date _____

Signature _____

I do not require acknowledgement of my gift.

My E-mail address _____

N0906

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 _____