



Credit Card Monthly Pledge Form

With your authorization, your monthly pledge can be automatically deducted from your credit card. You will receive an official income tax receipt for your total contributions at year end. For your convenience, this automatic withdrawal service will continue until you notify us otherwise. Please complete this form and mail it to:

Envisage Pregnancy Services, 5 Sophia St. East, Barrie, ON, L4M 1Y1

Donor Name: _____

Address: _____

Phone: _____ E-Mail: _____

I would like to receive: Occasional E-Newsletters ____ Twice per year mail updates ____

Monthly Donation Amount \$ _____

I authorize Envisage Pregnancy Services to make monthly deductions from my

Visa Mastercard

Card Number: _____

Expiry Date: _____ CV: _____

Signature: _____ Date: _____

Monthly donation arrangements can be changed or cancelled any time by contacting Envisage Pregnancy Services at barrie@envisagepregnancy.ca or 705-739-7280. Envisage respects your privacy and does not exchange names or other information with other organizations. Receipts are provided in February. Charitable BN 84501 6526 RR 0001