



Pacific Post Partum Support Society

Membership / Donation Form 2017-18

(Valid April 1 through March 31)

We are thankful for any contribution you can give to our Society

New member

Membership Renewal

Donation only

NAME:

DATE:

STREET
ADDRESS:

CITY:

PROVINCE:

POSTAL CODE:

TEL:

OTHER:

E-MAIL:

PLEASE NOTE THAT **NO** PERSONAL INFORMATION IS SUPPLIED TO **ANY** OTHER PARTIES.

Annual membership fee:

\$10 what I am able to afford at this time

\$

I am making a donation for the amount of _____ dollars

\$

An official receipt will be sent to you for the total annual contributions over \$20

\$

Method of payment:

By cheque or money order payable to Pacific Post Partum Support Society

By cash, given to the care of: _____ (do not send cash through mail)

By credit card type/number: _____ Exp. _____ CVV# _____

Online or monthly donations to our Society can also be made at
chimp.net or canadahelps.org

I support the goals and beliefs of Pacific Post Partum Support Society and would like to be a member for the 2017-18 fiscal year.

I would like information on Volunteer Opportunities with the Society

*Thank you
for your support*

Signed _____

Date _____