



# Pacific Post Partum Support Society

## Membership / Donation Form (Valid April 1 through March 31)

Forms received within a fiscal year are applied to that current year, unless noted otherwise

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](http://chimp.net) or [canadahelps.org](http://canadahelps.org)

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

I would like information on Volunteer Opportunities with the Society.

*Thank you  
for your support*

Signed \_\_\_\_\_

Date \_\_\_\_\_