



NOVA VITA
Help • Hope • Heal

Yes, I'd like to join Nova Vita's Safe Haven monthly giving program. As a Safe Haven member, my donation will help meet the most urgent and basic needs of women and children at Nova Vita each and every month.

Name: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

I authorize a monthly donation of:

\$15 a month \$25 a month \$50 a month \$_____ a month

Payment to be made from:

My chequing account – please find my void cheque enclosed

My credit card: Visa MasterCard

Card number: _____ Expiry date: _____ CV: _____

Signature: _____ Date: _____

Your monthly gift will be processed on the 15th of each month, or the next business day. You may revoke your authorization at any time, subject to providing notice of two weeks. If you would like to obtain a sample cancellation form, or get more information on your right to cancel a pre-authorized debit (PAD) agreement, you may contact your financial institution, or visit www.cdnpay.ca.

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement. For more information about your recourse rights, contact your financial institution, or visit www.cdnpay.ca.

Thank you for making a difference,

Anne Ruddell, Community Development Manager
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