

# Membership and Donation Form

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**Abortion Rights  
Coalition of Canada**

***Your Voice for Choice***

***Canada's only national political  
pro-choice advocacy group***

POB 2663, Station Main, Vancouver, BC, V6B 3W3  
info@arcc-cdac.ca • www.arcc-cdac.ca

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***Thank you for joining ARCC!***

**You can donate online instead of filling out this form.  
Click the Donate button at our website: [www.arcc-cdac.ca](http://www.arcc-cdac.ca)**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Affiliation (if any):** \_\_\_\_\_

**Address:** \_\_\_\_\_

Street

City

Province

Postal Code

**E-mail address:** \_\_\_\_\_ (Note: Most ARCC communications are by email)

**Phone:** \_\_\_\_\_ This is my:  Home  Work  Cell

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## Listservs

You can sign up to more than one listserv. You must provide an email address above.

- ARCC News (news stories on reproductive rights issues)
  - ARCC Activist (forum for volunteers)
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## Membership Options

**Renewal?** Please check here:

**Annual Fee:**  \$35 – individuals  \$70 – groups and clinics  
Extra Donation:  \$50  \$100  \$250  Other: \_\_\_\_\_

**Join the Norma Scarborough Society:**  \$1,000

*Membership gifts of \$1000 or more will receive a personal recognition from ARCC's Board of Directors.*

**Low-income?** ARCC values and encourages all supporters who want to become members. Should financial considerations make the suggested fee a hardship, we can offer to lower or waive the fee. Please contact us at [info@arcc-cdac.ca](mailto:info@arcc-cdac.ca) if this situation applies to you.

# ARCC Membership and Donation Form (page 2)

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## Supporting Donation

For those who would prefer not to become a member at this time.

Amount: \$ \_\_\_\_\_

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## Payment Method

Cheque or money order payable to “ARCC-CDAC” attached.

Credit card #: \_\_\_\_\_ CVV #: \_\_\_\_\_  
(3-digit security code on back of card; 4-digit code on front of Amex)

Signature: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Your Postal Code (must match your credit card billing statement): \_\_\_\_\_

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## Monthly Donations

I want to support ARCC with monthly donations.

*(Monthly donors become members)*

Debit my bank account each month:  \$5    \$10    \$15    \$25    \$30   Other: \$ \_\_\_\_\_

**Please complete the top of page 1 of this form, and attach a cheque marked “VOID”.**

*Conditions: We will send you a completed Pre-authorized Debit Agreement (PAD Agreement) form to sign and return. Your automatic donation will be processed on the 1st day of each month or the next business day. You may revoke your authorization at any time, but 30 days written notice is required – email [info@arcc-cdac.ca](mailto:info@arcc-cdac.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 the PAD Agreement. To obtain more information on your recourse rights, visit [www.payments.ca](http://www.payments.ca) or email us at [info@arcc-cdac.ca](mailto:info@arcc-cdac.ca).*