



Nova Scotians United for Life (NSUL) Membership/Donation Form

Date: _____

Name: _____

Street Address: _____

City, Province, Postal: _____

Telephone Number: _____

Email Address: _____

☐ \$25 Yearly Membership (\$20 for seniors)

☐ Memorial Donation \$_____ If you would like us to send a memorial email or mail a card, indicate the name to appear on the email or card, and choose email or mail option below

Name: _____

☐ Email memorial acknowledgement

Email address: _____

☐ Mail memorial acknowledgement

Name: _____

Address: _____

City, Province, Postal Code: _____

☐ Other Donations - Amount \$_____

Total Donation Amount \$_____

Payment Methods

☐ Cheques can be mailed to:

PO Box 203, Shubenacadie, NS, B0N 2H0

☐ E-transfer to **info@nsul-pr.com**

☐ Online at **www.nsul-pr.com**