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

Date: _____

Name: _____

Street Address: _____

City, Province, Postal: _____

Telephone Number: _____

Email Address: _____

☐ $25 Yearly Partnership ($20 for seniors and students)

☐ $100 Sponsorship of a Project Rachel participant

☐ Monthly Support (to advance our Mission)

- ☐ $10.00 / month
- ☐ $25.00 / month
- ☐ $50.00 / month
- ☐ Other Amount $_____ / month

☐ Memorial Donation $_____

In Memory of: _____

How would you like this donation to be acknowledged?

- ☐ Email memorial acknowledgement
  Email address: _____
- ☐ Mail memorial acknowledgement:
  Name: _____
  Address: _____
  City, Province, Postal Code: _____

☐ Other Donation - 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**

Tax receipts are issued for $20 or more