

- \$25 / Month \$50 / Month
 \$75 / Month \$100 / Month Other \$ _____ / Month
 One Time Donation Only - Amount of \$ _____

Name _____

Address _____

City _____ P.C. _____

Email _____ Phone _____

Pre-authorized payments (attach a VOID Cheque) 1st 16th

Visa Mastercard Expiry Date _____ / _____

Card Number

Signature _____

Please send to UCB Canada PO BOX 23095, Belleville ON, K8P 5J3
 Street Address: 214 Pinnacle St. Belleville, ON K8N 3A6
 Ph: 613-966-4822 Fax: 613-966-3211
 Email: Info@ucbcanada.com

