

\$30 / Month \$75 / Month Other \$ _____ / Month

One Time Donation Only - Amount of \$ _____

Name _____

Address _____

City _____ P.C. _____

Email _____

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

Visa Mastercard Expiry Date _____ / _____

Card Number

Please send to UCB Chatham-Kent: P.O. Box 985, Chatham, On N7M 5L3
Street Address: 40 Centre Sq., 40 Centre St., Chatham, On N7M 5W3
Ph: 519-351-1118 Toll Free: 1-866-388-4488 Fax: 519-351-0992
Email: info@ucbcanada.com

