

Campaign for Change is the Nova Scotia Liberal Party's new, automatic-debit fundraising program. We believe you will find it to be an affordable, easy to manage way to contribute to the financial and electoral strengths of our Party.

Sound finances are a critical component of strong Constituency Associations and a strong Party. **Campaign for Change** represents a new era of cooperation between you, our members, and the provincial and riding levels of our Party. Please join us! Just \$15 a month will help and the tax credit you will receive each year is very generous.

Thanks for your interest and your continuing support!

Sincerely,

The Campaign for Change Committee

BENEFITS FOR YOU!

- enables you to contribute through easy to manage monthly automatic donations
- provides you with significant tax savings (see tax benefit chart)

BENEFITS FOR YOUR RIDING

- funds riding operations
- strengthens election team
- builds a nest egg for election campaign

BENEFITS FOR NSLP

- funds ongoing operations
- positions constituencies to elect more Liberal MLAs
- strengthens Party finances
- supports our Leader



TAX CREDIT EXAMPLES	
Monthly Contribution	Actual Cost (after tax credit)
\$15/month	\$3.75/month
\$20/month	\$5.00/month
\$30/month	\$7.50/month
\$40/month	\$10.00/month

CONTRIBUTION FORM

ABOUT YOU

NAME _____ MEMBERSHIP # _____
 ADDRESS _____
 CITY _____ POSTAL CODE _____
 PHONE _____ FAX _____
 E-MAIL _____

HOW CAN YOU HELP?

MONTHLY CONTRIBUTION AMOUNT: \$15 \$20 \$30 \$50 OTHER I PREFER TO CONTRIBUTE \$ _____
 FROM MY: BANK ACCOUNT CREDIT CARD

BANK ACCOUNT (PLEASE ATTACH A VOID CHEQUE)

TYPE OF ACCOUNT: CHEQUING SAVINGS
 FINANCIAL INSTITUTION _____ ACCOUNT NUMBER _____
 BRANCH ADDRESS _____
 CITY _____ POSTAL CODE _____

CREDIT CARD

TYPE OF CREDIT CARD: CARD NUMBER _____ EXPIRY _____

YOUR PERMISSION

I/WE HEREBY AUTHORIZE THE NOVA SCOTIA LIBERAL PARTY TO DEBIT MY/OUR ACCOUNT INDICATED ABOVE EACH MONTH FOR PAYMENT PAYABLE TO THE NOVA SCOTIA LIBERAL PARTY

SIGNATURE _____ DATE _____

SIGNATURE _____ DATE _____

FOR A JOINT ACCOUNT, ALL DEPOSITORS MUST SIGN IF MORE THAN ONE SIGNATURE IS REQUIRED ON CHEQUES AGAINST THE ACCOUNT.

PLEASE FAX THIS FORM (ALONG WITH YOUR VOID CHEQUE IF YOU HAVE CHOSEN THE BANK ACCOUNT OPTION) TO: **902-423-1624**

OR MAIL TO: NOVA SCOTIA LIBERAL PARTY PO BOX 723, HALIFAX, NOVA SCOTIA B3J 2T3

*Actual costs after tax benefit are based on information available when this brochure was printed.