

# FREEDOM OF CHOICE IN HEALTH CARE INC.



P.O. Box 20161, Belleville, Ontario, K8N 5V1

Phone: 613-771-1797 Fax: 613-771-1435



## Donation & Membership Form for our legal challenges

We believe that the only way to stop the global "Allopathic Conspiracy" from continuing their massive interference with our immutable and inherent rights of choice as Sovereign Spiritual Human Beings and small family enterprises is to use collective legal and political actions to remove the barriers that the BIG PHARMA & its allies have created.

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Enclosed: \$ \_\_\_\_\_

I want to assist in helping fund Freedom of Choice in Health Care's legal and political challenges to the century's old allopathic conspiracy to monopolize the practice of medicine and the supply of products, devices and services that effectively prevent, treat and in some cases cures most chronic diseases.

Enclosed in my one time contribution of \$ \_\_\_\_\_

and/or

Freedom of Choice in Health Care is authorized to charge my credit card a monthly donation as indicated below:

My monthly pledge is as indicated:

\$10 \_\_ \$20 \_\_ \$30 \_\_ \$50 \_\_ \$100 \_\_ \$200 \_\_ \$300 \_\_ Other \_\_\_\_\_ \$ \_\_\_\_\_

Card #: \_\_\_\_\_ Expiry: \_\_\_\_\_ Type: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



PLEASE NOTE THAT WE PROCESS OUR MERCHANT SERVICES VIA AN INDEPENDENT CORPORATION WHO'S NAME WILL APPEAR ON YOUR CREDIT CARD STATEMENT

*Freedom of Choice in Health Care Inc., is a small family business trade association that provides pre-paid legal and political protection to its members*

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