

Monthly Giving Form

Yes! I would like to make a monthly donation to The Foundation of Guelph General Hospital to provide continuous care.

Step 1: One the __ 1st or the __ 15th of each month, I wish to make a donation of (circle one):

\$200 \$100 \$50 Other: \$ _____

Step 2: Please make monthly deductions from my bank account, I have enclosed a blank cheque marked VOID.

OR

Please make monthly deductions from my credit card (circle one):

VISA MasterCard

Card Number: _____

Expiry Date: _____ / _____
mm yy

Step 3: I hereby authorize The Foundation of Guelph General Hospital to make automatic monthly withdrawals from my credit card or bank account, as I have indicated. I understand that I may cancel this authorization at any time by calling The Foundation of Guelph General Hospital at 519-837-6422.

Signature: _____

Date: _____

Step 4: Name: _____

Address: _____

City: _____ Province: _____

Postal Code: _____ Email: _____

Phone Home: _____ Phone Business: _____

Step 5: Mail, email or fax to: (if using bank account, please provide a copy of VOID cheque)
The Foundation of Guelph General Hospital 115 Delhi Street Guelph, ON N1E 4J4
Fax: 519-837-6770 Email: foundation@gghorg.ca

Please note, a single tax receipt for each year's total contributions will be sent at the beginning of the next calendar year. **THANK YOU FOR YOUR SUPPORT!**