

## **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 the1st or the15th 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 e cheque marked VOID.  OR  Please make monthly deductions from my credit card (circle one):	nclosed a blank
	VISA MasterCard AMEX	
	Card Number:	
	Expiry Date:/	
Step 3:	I hereby authorize The Foundation of Guelph General Hospital to make monthly withdrawals from my credit card or bank account, as I have in understand that I may cancel this authorization at any time by calling of Guelph General Hospital at 519-837-6422.  Signature:  Date:	ndicated. I
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 The Foundation of Guelph General Hospital 115 Delhi Street Guelph,	

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!** 

Fax: 519-837-6770 Email: foundation@gghorg.ca