

## 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 \_\_\_ 1<sup>st</sup> or the \_\_\_ 15<sup>th</sup> 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    AMEX

Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ / \_\_\_\_\_                  CVS: \_\_\_\_\_  
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!**