PORT PERRY HOSPITAL Foundation

MONTHLY DONOR FORM

Become a monthly donor to Port Perry Hospital Foundation, providing for medical equipment and other priority needs in patient care all year round, by completing and returning this form.

Please return your completed form to Port Perry Hospital Foundation, 451 Paxton Street, Port Perry, ON L9L 1L9 or scan and send to our office at aollenbittle@lh.ca.

PERSONAL INFORMATION:

☐ Mr. ☐ Mrs. ☐ Dr. ☐ Ms. ☐ Other Title: _____

Donor Name ……

Spouse/Partner Name ……

Street Address ……City/Town……

Province……Postal Code……Phone (mobile)……

E-Mail Address …… Phone (home)……

☐ **I WOULD LIKE TO GIVE THE FOLLOWING AMOUNT EACH MONTH: $_____**

☐ **I would like to use my Credit Card:**

Cardholder's Name_____

Card Type: ☐ VISA ☐ MasterCard ☐ American Express

Card Number _____ CVC# _____ Expiry Date_____/_____
3 or 4 digit number

OR

☐ **I have enclosed a VOID cheque with this Monthly Donation Form**
(for direct debit from bank account each month)

Your monthly donation will be processed on or around the 15th of each month.

As a monthly donor, you will receive one consolidated charitable tax receipt at year-end for your years' total, helping us save on administration and postage.

You may adjust or stop your monthly gifts at any time by contacting the Foundation office at 905-985-7321 X 45580 or contacting Alla Ollen-Bittle at aollenbittle@lh.ca.

Port Perry Hospital Foundation Charitable Registration Number 89145 0843 RR0001

THANK YOU for your generous support of quality health care for our community!