

Please complete and return this form to the Foundation Office at P.O. Box 1407 368 College St N Durham, ON NOG 1RO.

Monthly Donor Registration Form
Donor Name:
Address:
Phone:
e-mail:
Here are a few great reasons for becoming a monthly donor:
<ul> <li>Save time, postage and effort- be part of an exclusive group</li> </ul>
<ul> <li>Get one receipt a year for easy tax filing- cancel or make changes at any time</li> </ul>
No gift is too small - budgeting is easy on a fixed income
I authorize Durham Hospital Foundation to deduct \$\bigcup \\$20 \Bigcup \\$25 \Bigcup \\$50 or \Bigcup \\$ on the \$\Bigcup 1^{st}\$ or the \$\Bigcup 15th\$ of each month.
☐ I've enclosed a blank cheque marked "VOID" <b>OR</b>
☐ I authorize Durham Hospital Foundation to charge the above amount to my credit card:
Name:
Signature: Date:
I wish to remain anonymous:
Would you like information on making a Planned or Legacy Gift? Yes No
About the Foundation  The Durham Hospital Foundation is a charitable organization that raises funds to support the purchase of medical equipment and facility improvements for the South Bruce Grey Health Centre- Durham site. The Foundation is governed by a volunteer Board of Directors drawn from the surrounding community.

If you have questions about making a Planned Gift through your Will, please contact Anne Marie Watson, Executive Director. All discussions are confidential.

Legal name: **Durham Hospital Foundation Inc.** Charitable Registration #: **873034797 RR 0001** 

Ph: 519-376-2340 x 5267 or e-mail: <u>amwatson@sbghc.on.ca</u>

We encourage you to consult with your financial and legal advisors before making a gift of securities, real property, investment or other form of Planned Gift.