



- Your gift helps -

MAKE CARE BETTER

PROUDLY
SUPPORTING



Help the Northumberland Hills Hospital Foundation purchase urgently needed medical equipment today.

Please sign me up for the 100@\$100/Month Challenge

\$100/MONTH

\$300/QUARTER

\$1200/ANNUALLY

I am a Monthly Donor and wish to join the Challenge by changing my current gift to the amount above.

I want to join the Monthly Giving Club today

\$10/MONTH

\$15/MONTH

\$25/MONTH

OTHER: \$ _____ /MONTH



**NORTHUMBERLAND HILLS
HOSPITAL FOUNDATION**

Better Care for Our Community

I want to help make care better with a donation

\$250

\$100

\$50

\$35

OTHER: \$ _____

Please Fill Out the Payment Form on the Reverse Side >

Mr. Mrs. Ms Miss NAME _____

ADDRESS _____

CITY _____ POSTAL CODE _____

TEL # _____ EMAIL _____

✓ PAYMENT METHOD

Enclosed is my cheque payable to Northumberland Hills Hospital Foundation.

I would like to pay by Automatic Bank Withdrawal. Enclosed is my void cheque.

Please bill my credit card. My information is below. ✓

VISA MASTERCARD

CARD NUMBER _____

EXPIRY _____ SECURITY CODE _____

✓ MONTHLY DONATION DATE

I would like my gift deducted on the 1st of the month 15th of the month.

SIGNATURE _____

✓ PLANNED GIVING

I am pleased to inform you that I have included a gift to the Foundation in my will

Please send me information about making a bequest to the Foundation

I want to learn more about other types of planned gifts to the Foundation

✓ MORE INFORMATION ABOUT GIVING

Monthly Gifts. The amount of your gift can be altered or cancelled at any time by calling us at 905 377 7767. A donation receipt will be issued annually.

One-time Donations. A donation receipt will be issued for gifts of \$20 or more.

✓ PLEASE MAIL TO

Northumberland Hills Hospital Foundation
1000 DePalma Dr., Cobourg, ON K9A5W6

CARITABLE TAXATION #121914923 RR0001

THANK YOU



NORTHUMBERLAND HILLS
HOSPITAL FOUNDATION

Better Care for Our Community