



Automatic Monthly Giving Form

A monthly donation can be deducted from your chequing account via postdated cheques or charged to your credit card. A Tax Receipt will be provided at the end of each calendar year. Become a monthly donor through automatic monthly giving simply by completing the form below and mailing it to:

Shuswap Hospital Foundation, PO Box 265, Salmon Arm, BC V1E 4N3

or

dropping it off at our office in the Hospital by the Main Entrance, 601 – 10 St NE, Salmon Arm, BC

Yes! I would like to make an automatic monthly contribution of (please check):

___ \$10 ___ \$15 ___ \$20 ___ \$25 ___ \$50 ___ Other \$ ___

Please complete the following information: Phone: _____

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

E-mail: (OPTIONAL) _____

Please confirm that you wish to receive information and monthly electronic newsletter from Shuswap Hospital Foundation. You will be able to unsubscribe at any time.

Please check this box and Initial here _____

CREDIT CARD

For monthly donations charged to your credit card, please provide the following:

Credit card type (please circle): VISA Mastercard

Name on the Credit Card: _____

Credit Card # _____ Exp. Date: ____/____
(mo) (yr)

Important: Credit Card Verification Code ____ (from reverse of card)

SIGNATURE: _____

POST-DATED CHEQUES

For monthly postdated cheques, please make out enough for one calendar year and mail to us or drop them off at our office during business hours 9:00 am to noon, and 1:00 pm to 3:00 pm Monday to Friday.

Charity No. #89043 1877 RR0001

THANK YOU FOR SUPPORTING SHUSWAP HOSPITAL FOUNDATION!

info@shuswaphospitalfoundation.org

250-803-4546

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