



## Automatic Monthly Giving Form

A monthly donation can be deducted from your chequing account via post-dated 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**

**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 our electronic newsletter from Shuswap Hospital Foundation. You will be able to unsubscribe at any time.

Please check this box  and Initial here \_\_\_\_\_

**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 post-dated cheques, please make out enough for one calendar year and mail to us at the above address or call our office to arrange a time to drop them off.**

Charity No. #89043 1877 RR0001

**THANK YOU FOR SUPPORTING SHUSWAP HOSPITAL FOUNDATION!**

[info@shuswaphospitalfoundation.org](mailto:info@shuswaphospitalfoundation.org) ph: 250-803-4546