SHUSWAP HOSPITAL
FOUNDATION

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: CVV (Card Verification Value) __ __ __ (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 YOUR SUPPORT!

info@shuswaphospitalfoundation.org **ph: 250-803-4546**