



To make a donation please complete this form and return to the **Campbell River Hospital Foundation**

BY MAIL: Campbell River Hospital Foundation
375 – 2ND Avenue
Campbell River, BC, V9W 3V1

BY PHONE: 250-286-7164
BY FAX: 250-286-7143
BY EMAIL: stacey.marsh@viha.ca

Name: _____ Phone: _____

Address: _____ Prov: _____ Postal Code: _____

Email: _____

YOUR GIFT:

I wish to make a gift of: \$25 \$50 \$100 \$ _____

Enclosed is my cheque (*payable to Campbell River Hospital Foundation*)

I prefer to use my credit card. Please charge my: VISA MASTERCARD

Card #: _____ Expiry: ____/____ Signature: _____

PLEASE DIRECT MY GIFT TO: Greatest Need OR A Specific Area of Care: _____

This Gift is Made:

IN MEMORY OF: _____ **IN HONOUR OF:** _____

Please send a gift acknowledgement to:

Name(s) _____ Relationship to person: _____

Address: _____ Prov: _____ Postal Code: _____

I wish to remain anonymous

A charitable donation receipt will be issued for income tax purposes.

MONTHLY GIFT OPTION: *Please complete this section if you wish to make your gift in monthly installments.*

I wish to give: \$10/month \$15/month \$20/month Other \$ _____

On the 1st or 15th of the month, starting _____ (month), each month.

I authorize the Campbell River Hospital Foundation to automatically withdraw these gifts from my bank account.

Please enclose a VOID cheque. Signature _____

Please charge my: Visa MasterCard

Card #: _____ Expiry: ____/____ Signature: _____

I understand that I will receive an annual tax receipt for the total amount of my gifts each year. I understand that if I wish to change the details of this monthly gift I should call the Campbell River Hospital Foundation. I may cancel my gifts at any time.

THANK YOU FOR SUPPORTING HEALTH CARE IN OUR COMMUNITY

For more information or to notify us of any changes to this information please call 250-286-7164.

We do not sell trade or rent our donor list. In accordance with the British Columbia Personal Information Act, your personal information will be used only for the purpose of generating a receipt and maintaining a relationship with you as a donor. If you do not consent to the retention of your information on our files, please check this box. For further information regarding our Privacy Code, please call us at 250-266-7164.