



MONTHLY GIVING FOR GBGHF

Care for every patient. Every month.

Become a monthly donor today and double your impact thanks to donor & GBGH volunteer, James Layter!



YES!

I want to become a monthly donor and support exceptional care at GBGH.

Donor Information

Name: _____

Business Name: _____

Home Address: _____

Phone: (so we can say thanks!) _____

Email: _____

Payment Information

☐ Yes, I wish to make a monthly donation of:

☐ **\$25** that provides \$50

☐ **\$50** that provides \$100

☐ **\$100** that provides \$200

☐ Other \$ _____

Please select one of the following payment options:

☐ I authorize the Georgian Bay General Hospital Foundation to debit this amount from my chequing account on the 15th of each month or the next business day. I have enclosed a cheque marked VOID.

OR

☐ I authorize the Georgian Bay General Hospital Foundation to debit this amount from my credit card on the 15th of each month or the next business day.



Card Number: _____ Expiry Date: ____ / ____ CVV: _____

Signature: _____ Date: _____

Please note: A consolidated tax receipt will be issued at year end.

Please complete and return to:

Lisa Wanamaker (wanamakerl@gbgh.on.ca)
or mail to the GBGH Foundation



GBGH Foundation

PO Box 760, Midland, ON L4R 4P4
www.gbghf.ca | 705-526-GIVE (4483)
Charitable Registration # 11896 5789 RR0001