GBGH TEAM GIVING CIRCLE

To join the GBGH Team Giving Circle, and support your Hospital, please fill out the form below.

Title: _____ First Name: _____ Last Name: _____

Home Address: _____

City: _____ Province: _____ PC: _____

Email: _____ Phone: _____

◉ I prefer to remain anonymous Employee ID# (if applicable): _____

OPTION 1: Donate by Payroll Deduction

☐ I wish to make a one-time donation of $ _____

☐ I wish to give by recurring payroll deductions:

◯ $5 ($130/year) ◯ $10 ($260/year) ◯ $20 ($520/year) ◯ $35 ($910/year) ◯ Other $_____ *(per pay)*

Please start the deductions: ◯ Immediately ◯ On _____ (date)

Recurring payroll deductions automatically renew until you request a stop (3 weeks notice required). To change your donation, please email foundation@gbgh.on.ca.

OPTION 2: Donate by Credit Card

☐ I would like to donate $ _____ per month: ◯ until further notice ◯ for _____ months

☐ I would like to give a one-time gift of $ _____

◯ Credit Card #: _____ Expiry: _____ /_____

OPTION 3: Donate by Cash or Cheque

◯ Cash Donation $_____ ◯ Cheque Amount: $_____

(please make cheques payable to the GBGH Foundation)

DESIGNATION

Please designate my gift for:

◯ Impact Fund (Area of Greatest Need) ◯ Equipment ◯ Education & Wellness

Signature & Release

◯ I agree to allow GBGH share my personal contact information with the GBGH Foundation.

Signature: _____ Date: _____

(Send to kaczanowskir@gbgh.on.ca AND GBGH-payroll@gbgh.on.ca from your GBGH email to validate electronic signature)

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Charitable Registration #: 11896 5789 RR0001