



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