



100 @ \$100/Month Challenge

Q: What is the 100 @ \$100/Month Challenge?

A: A new initiative to encourage existing *Caring for Generations Society* monthly donors to upgrade their gift to \$100/month (i.e. \$83.33 to \$100)

AND

Encourage existing **CFGS** members at the annual amount of \$1,000 to upgrade to \$1,200 per year to help us meet the growing medical equipment needs of the Northumberland Hills Hospital.

AND

Encourage new donors to support the NHH Foundation at the level of \$100 per month. (Just over \$3/day)

Q: What is the Foundation's your Goal?

A: Just like the name says we are hoping to have 100 people sign on at the \$100/month level. We are already at 19 donors. Just 81 to go!

Friends of the Foundation Monthly Giving Club

Friends of the Foundation Monthly Giving Club is a special group of individuals committed to supporting the purchase of essential medical equipment for the Northumberland Hills Hospital year round.

How **Friends of the Foundation** benefits you

- **Simple convenience** – You decide how much you'd like your monthly donation to be, and that amount is automatically withdrawn from your credit card or bank account on the 20th of each month or a date of your choosing.
- **A Greener Approach** – When your donations are in smaller, more comfortable amounts, it's easier for you to manage your contribution (and you may update or cancel the arrangement at any time).
- **Less paper work** – No forms, no cheques, no stamps and envelopes – and less mail from us! You receive a single tax receipt for your total annual contribution.

How **Friends of the Foundation** benefits your hospitals

- **Reliable income helps planning** – Monthly donations allow us to meet the needs of the hospital in the most timely and effective manner.
- **Steady income has a long-term affect** – You can help our hospitals fund long term projects that have lasting affect on a greater number of patients.
- **Automatic deposits save resources** – Cutting out administration time along with paper, postage and handling means we can put more money directly towards the hospitals' needs.

Join *Friends of the Foundation* Monthly Giving Club today!

For more information visit the NHH Foundation Office or call 905-377-7767

Friends of the Foundation Monthly Giving Club

Monthly Giving is the easiest and most effective way to give! You can make a significant contribution by spreading your gift throughout the year. The amount of your gift can be altered or cancelled at any time by calling the Foundation at 905-377-7767.

- ☐ YES! I would like to support the Northumberland Hills Hospital Foundation's **"100@\$100/Month Challenge"** with the following gift:
- ☐ \$100 per month ☐ \$300 per quarter ☐ \$1200 annual gift ☐ other \$ _____ per month
- ☐ I am already a monthly donor. Please increase my gift to \$100 per month in support of the **"100@\$100/Month Challenge"**.
- ☐ YES! I would like to support our community's equipment needs on an outgoing basis by making a monthly gift of:
- ☐ \$10 per month ☐ \$15 per month ☐ \$25 per month ☐ other \$ _____ per month
- ☐ I've enclosed a cheque marked "VOID". The amount specified will be deducted from my bank account on the 20th of each month (or specify the date of your choice). A donation receipt will be issued annually.

Signature/Date _____ **OR**

- ☐ Please charge the amount specified above to my: ☐ VISA ☐ MASTERCARD

CARD NUMBER: / / EXPIRY DATE: /

NAME: _____ SIGNATURE: _____

Planned Giving

A GIFT FOR THE FUTURE

- ☐ I am pleased to advise you that I have included the Northumberland Hills Hospital Foundation in my will.
- ☐ Please send me information about making a bequest.
- ☐ Please contact me regarding other kinds of planned gifts, such as gift of life insurance or stock.



Yes! I want to help the Northumberland Hills Hospital Foundation to purchase urgently needed medical equipment

Enclosed is my donation of \$ _____

- ☐ I have enclosed my cheque payable to Northumberland Hills Hospital Foundation
- ☐ I would prefer to use my credit card: ☐ VISA ☐ MASTERCARD
- ☐ I would like to join the Friends of the Foundation Monthly Giving Club or the 100@\$100/Month Challenge.

CARD NUMBER: / /

EXPIRY DATE: /

☐ Mr. ☐ Mrs. ☐ Ms ☐ Miss NAME: _____

SIGNATURE: _____

ADDRESS: _____

EMAIL: _____

TOWN: _____ POSTAL CODE: _____

TELEPHONE: _____

MAIL TO: Northumberland Hills Hospital Foundation
1000 DePalma Drive, Cobourg, ON K9A 5W6

Tax receipts will be issued for donations of \$20 or more. Charitable Taxation #121914923 RR0001

Thank you. Your gift will go to work immediately in our community!