



☐ 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.

- ☐ 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.