

Signature/Date _

CARD NUMBER:

NAME: _

 \square Please charge the amount specified above to my: \square VISA \square MASTERCARD

	Yes! I want to help the Northumberland Hills Hospital Foundation to	purchase urg	ently needed medical equipment	
NORTHUMBERLAND HILLS HOSPITAL FOUNDATION	Enclosed is my donation of \$			
ADDRESS:		SIGNATUR	EXPIRY DATE: / /	
MAIL TO: Northumb	perland Hills Hospital Foundation Falma Drive, Cobourg, ON K9A 5W6 Honations of \$20 or more. Charitable Taxation #121914923 RR0001			
	Thank you. Your gift will go to work immediately in our	r community	<i>:</i>	
	Friends of the Foundation Monthly Giving Club		Planned Giving	
by spreading your gift	e easiest and most effective way to give! You can make a significant con throughout the year. The amount of your gift can be altered or cancelle indation at 905-377-7767.	ontribution A GIFT FOR THE FUTURE		
Challenge" with the	support the Northumberland Hills Hospital Foundation's "100@\$100/N following gift: \square \$300 per quarter \square \$1200 annual gift \square other \$ per n		Northumberland Hills Hospital Foundation in my will.	
 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 		ıking a	Please send me information about making a bequest.Please contact me regarding	
monthly gift of: \$\Boxed{1}\$	☐ \$15 per month ☐ \$25 per month ☐ other \$ per month ue marked "VOID". The amount specified will be deducted from my bar bonth (or specify the date of your choice). A donation receipt will be issued	nk account	other kinds of planned gifts, such as gift of life insurance or stock.	

OR

EXPIRY DATE:

_ SIGNATURE _