



Caring for
Generations
Society



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!

Return completed form to:
Northumberland Hills Hospital Foundation
1000 DePalma Drive
Cobourg, ON K9A 5W6
OR via fax to 905-373-6936

For more information call 905-377-7767