



CENTRE GREY HEALTH SERVICES FOUNDATION DONATION FORM

Charitable number 89063 4025 RR0001

CENTRE GREY HEALTH SERVICES FOUNDATION 55 Isla Street, PO Box 406, Markdale, Ontario N0C 1H0 (519) 986-3040 ext. 6178

Yes, I would like to help...

TYPE OF DONATION General donation

In memory of _____

In honour of _____

LEGACY

I have made a gift to Centre Grey Health Services Foundation in my will.

I am considering making a gift to Centre Grey Health Services Foundation in my will and would like more information.

My name is _____

My address is _____ P.O. Box # _____

City _____ Prov. _____ Postal code _____ Phone number _____

Yes, you may communicate with me via email. My email is _____

Please **DO NOT** post a name for this donation. *By default, the donor name will be posted unless you check the box here.*

I would prefer to get a single annual receipt instead of individual receipts for each donation.

I WISH TO MAKE A ONE TIME DONATION to the CGHSF

I have enclosed a cheque made payable to the **Centre Grey Health Services Foundation**

I prefer to use my credit card. Simply complete the information below. Nothing more is required.

I WISH TO MAKE A MONTHLY DONATION to the CGHSF

Monthly donations are the perfect way for you to give. They allow you to budget your gifts and provide the Foundation with a steady, predictable source of income throughout the year. One tax receipt will be issued each year.

I have enclosed a blank cheque, marked **VOID**. I authorize the Centre Grey Health Services Foundation to deduct the amount specified on the cheque, from the account, on the 1st of each month.

I authorize the Centre Grey Health Services Foundation to charge the specified amount to my credit card on the 1st of each month.

NOTE You may change or cancel your monthly donation at any time by contacting the CGHS Foundation. Changes and or cancellations may take up to 15 days to take effect.

\$35 \$50 \$100 \$250 MY CHOICE \$ _____

I have enclosed a cheque. Please follow the instructions for ONE TIME or MONTHLY donations as shown above.

I prefer to use my   

/

CARD NUMBER

EXPIRY DATE

Signature _____ CVD CODE

ACKNOWLEDGEMENT YES – please send an acknowledgement to _____

Their address is _____

WE VALUE YOUR PRIVACY Centre Grey Health Services Foundation (CGHSF) does NOT sell, trade or share our mailing lists. The information you provide will be used to keep you informed about the activities of the CGHSF, including services, special events, opportunities to give and more. If at any time you wish to be removed from any of these communications, contact us at (519) 986-3040 ext. 6178 or 6153 or via e-mail at dlamberti@cghsfoundation.com. Please allow 15 business days to update our records.