

Community Family Health Centres

Community Family Health Centres Campaign

Donor Information

Mr. Mrs. Miss Ms. Mr. & Mrs. Other

Last Name: _____

First Name: _____

Spouse: _____

Mailing Address: _____

Prov: _____ Postal Code: _____

Tel (R): _____ Tel (B): _____

Fax: _____ Email: _____

Direction for Donation : _____

Pledge Instructions

I wish to make a total contribution to the Thornbury and/or Meaford Clinic(s)

In the amount of \$ _____ to be paid as follows:

Monthly donation of \$ _____ for _____ months to start _____ (mm/yr)

Quarterly donation of \$ _____ for _____ quarters to start _____ (mm/yr)

Annual donation of \$ _____ for _____ years to start _____ (mm/yr)

Semi-annual donation of \$ _____ for _____ years to start _____ (mm/yr)

One time donation of \$ _____

Would you like an annual reminder and summary notice? Yes/No

Method of Payment

(Payable to **NORTH EAST GREY HEALTH CLINICS INC.**)

Cheque:

Enclosed

1st Installment on _____ (dd/mm/yy)

Credit Card:

VISA Mastercard

Credit Card #: _____ - _____ - _____ - _____

Expiry Date (mm/yy): ____/____

Cardholder Name: _____

Cardholder Signature: _____

Pre-Authorized Payment:

Chequing Savings Other

(Please attach a VOID Cheque)

Financial Institution Id. _____

Transit #: _____

Account #: _____ - _____

Name of Financial Institution: _____

Address: _____

City: _____ Prov: _____

Postal Code: _____ Tel: _____

I/We authorize North East Grey Health Clinics Inc. to process withdrawals from the account specified, as donations to the Campaign, in accordance with our pledge instructions above. Reminder notices will be sent by NEGHCI to my/our attention as appropriate.

Signature: _____ Date: _____

Signature: _____ Date: _____

RECOGNITION and PRIVACY OF INFORMATION:

NEGHCI appreciates all gifts to this campaign and will formally recognize every donor in accordance with our Donor Recognition Policy, at the same time adhering to high standards governing ethics, privacy and financial management. NEGHCI does not rent, trade, or sell its mailing lists. Personal information provided by you is used solely for the purposes for which it was intended, and is maintained in a secure manner. You may contact us to remove your name from our mailing lists at any time.

For the purposes of recognition, I/We would like to be included in the annual Donor Book listing and the Donor Wall (if applicable) as follows:

OR

I/We would like our contribution to remain confidential

(Please Print)

(Signature)