

MONTHLY DONATION

Please print this form and return it to
GNGH Foundation
5546 Portage Rd.
Niagara Falls, ON L2E 6X2

Donation amount: \$ _____ each month.

Payment Method: visa mastercard other (see below)

Credit card # _____ - _____ - _____ - _____ expiry date: ____ / ____

Please note that you can use your credit card to make a secure online donation by clicking the DONATE NOW button.

Please issue a charitable tax receipt to:

Mr. Name: _____
 Ms.
 Mrs. Address: _____
 Miss
 Mr. & Mrs. City: _____
 Dr.
Postal Code: _____
Email: _____

Charitable Business Number : 11923 5885

You will be issued ONE consolidated receipt for your monthly gifts in January.

Please direct this gift to the:

Area of Greatest Need

or

_____ (specify equipment or department)

I would like to make my monthly gift through Electronic Fund Transfer from my bank account.

I have enclosed a **VOID** cheque. (attach here) I realize my right to cancel my monthly donation at any time by notifying the GNGH Foundation by mail (at the above address) or by email gnghfoundation@niagarahealth.on.ca or by phone at 905-358-4900.

Donor signature: _____