



I/We wish to contribute a total of \$ _____ to Carefor Hospice Cornwall

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone (H): _____ Phone (W): _____ E-mail: _____

Pledge Period

This gift is payable over _____ years beginning _____.

Method of payment:

A) Payment by Cheque:

- i) Cheque(s) (Payable to Carefor Health & Community Services Hospice)
Preferred annual reminder date: _____
- ii) Post-dated cheque(s) (Payable to Carefor Health & Community Services Hospice) are attached
- iii) Pre-authorized monthly chequing (**Please complete the reverse side of this form**)

B) Payment by Credit Card:

- Visa Mastercard Card Number: _____ Expiry Date: _____
- Annual payment(s) in the following month: _____
- Monthly payments: Start Date (month/year): _____ End Date (month/year): _____
- Other schedule (Please provide details): _____

C) Payment by Securities:

- Gift of Securities (Carefor Health & Community Services will contact you to make arrangements)

We would like this gift to be recognized in the name(s) of:

(Please print): _____

I/We wish to remain anonymous

Signature: _____ Date: _____

For the use of those who have selected pre-authorized chequing as the form of payment:

1. Please withdraw \$ _____ per month on the 15th day of the month.
(For administrative reasons debit transactions can only be processed on the 15th of the month)

Start Date (**15**/month/year): _____ End Date (**15**/month/year): _____

2. Please attach a voided cheque to this form

3. Banking information:

Bank or Trust Company: _____

Address: _____

City: _____ Province: _____

Postal Code: _____ Phone: _____

4. I/We agree that Carefor Health & Community Services may process charges to my/our account for the purposes of gifts or donations to the Hospice Campaign.

Signature: _____ Date: _____

Signature: _____ Date: _____

Please return to: Sandy Collette
Campaign Director
Carefor Health & Community Services
205 rue Amelia Street
Cornwall, ON K6H 3P3
Tel: 613-932-3451
Fax: 613-932-0998