**Monthly Donation Form**

Thank you for choosing to become a monthly donor! Monthly donors are crucial to our organizations success. It provides a steady, predictable source of income which allows us to plan more effectively for the long term success of the Foundation.

Please send this form back to [mntorrie@hdhospital.ca](mailto:mntorrie@hdhospital.ca) or drop it off at the Foundation office.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name |  | | | |
| Address |  | | | |
| Phone |  | | | |
| Email |  | | | |
| I would like to donate monthly to HDHF | | | | |
| $15 | $25 | $35 | $50 | Other: |

**Payment**

Cheque Visa MasterCard

|  |  |
| --- | --- |
| Name on Card |  |
| Card No. | | |
| Expiry | \_\_\_\_\_ / \_\_\_\_\_ |
| Signature |  |

A Charitable Tax Receipt will be issued annually.