



the foundation

CARLETON PLACE & DISTRICT MEMORIAL HOSPITAL

YOUR DONATION to the Carleton Place & District Memorial Hospital Foundation **COUNTS!**

Our health care team has one main focus—YOU—the patient. In the last year our team has touched the lives of countless people and their families with their compassion, skill and expertise. Every gift you give impacts the quality of care we are able to provide.

Your gifts of support help to purchase essential patient care equipment that is not otherwise funded by the Ministry of Health—equipment we can't afford to be without. We count on YOU to help us provide quality and patient-focused care. Monthly giving is a tremendous way to ensure your gift works harder. It's the most effective way to provide steady, on-going funds to help the Carleton Place & District Memorial Hospital. Not only is a monthly debit amount a more manageable way to give a generous gift—it saves administrative costs in envelopes and postage too. **Thank you—YOUR donation counts!**

Monthly Giving



YES, I Care! I WISH TO SUPPORT MY HOSPITAL

Name (First): _____ Name (Last): _____

Address: _____

City: _____ Postal Code: _____ Phone: 613 - _____ - _____ Email: _____

Yes, I authorize CPDMH Foundation to withdraw the following amount from my bank account monthly.

I may change the amount or cancel my monthly contribution at any time by notifying the CPDMH Foundation.

Once a month I will give: \$5 \$10 \$15 \$25 Other \$ _____

I authorize the CPDMH Foundation to draw on my bank account through my financial institution on approx. the 15th of each month beginning _____ Date _____ End Date* _____
**if applicable, otherwise n/a*

Enclosed is my VOID cheque **OR** below is my credit card information for my monthly payments:

VISA MasterCard Card # _____ Expiry Date ____/____

Signature

Date

At the end of the year, we will issue you an official receipt for the total amount of your donations.

Our donor records are confidential. We DO NOT share our lists.

Charitable Registration #86610 5398 RR0001

Thank you for caring!

The above donation form can be dropped off at the Foundation Office (near the Gift Shoppe at the front of the Hospital) or mailed to:

Carleton Place & District Memorial Hospital Foundation | 211 Lake Avenue East, Carleton Place, ON, K7C 1J4

613-257-2200 x 856 | foundation@carletonplacehosp.com | www.carletonplacehospital.ca