Yes! I want to support Strathroy Middlesex General Hospital

STRATHROY MIDDLESEX GENERAL HOSPITAL FOUNDATION
TOGETHER, WE WILL

Contact Details:

Date: _____

NAME (First & Last, with Preferred Title (Mr./Mrs./Ms./Miss.) or Organization Name & Contact)

STREET ADDRESS

CITY | PROVINCE | POSTAL CODE

TELEPHONE NUMBER | EMAIL ADDRESS

Donation Details:

Single Donation: I wish to make a donation of $ _____

I have enclosed cash or cheque payable to Strathroy Middlesex General Hospital Foundation, or have completed the form below to pay by credit card.

Monthly Donation: I wish to make a *monthly* donation of $_____ on the 15th of the month.

I have enclosed a VOID cheque and authorize SMGH Foundation to make automatic withdrawals from my bank account each and every month, or by completing the form below I authorize SMGH Foundation to automatically debit my credit card each month.

Pledge Amount: I wish to make a *pledge* of $ _____ over a period of _____ years.

My pledge installment amount is: _____.

Credit Card Payment: ☐ VISA ☐ MASTER CARD

CREDIT CARD NUMBER | EXPIRY

SIGNATURE | DATE

*Tax receipts will be issued for donations of $10 or more.

☐ Please send me information on making a gift in my Will to the Hospital.

Please return your completed form to:

SMGH Foundation
Strathroy Middlesex General Hospital

SMGH Foundation
395 Carrie St
Strathroy, ON N7G 3J4

519-246-5906
info@smghfoundation.com
www.smghfoundation.com

Charitable Registration number 13297 4270 RR0001