

# YES! I Will Support St. Martha's Regional Hospital Foundation

Please accept my 5-year pledge commitment with a monthly gift in the amount of:

\$15    \$30    \$45    \$60    \$90    \$\_\_\_\_\_

I would like to make a yearly gift of \$\_\_\_\_\_ in \_\_\_\_\_ (month) of each year.

\_\_\_\_\_  
Donor Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Province

\_\_\_\_\_  
Postal Code

\_\_\_\_\_  
Phone Number

I will allow St. Martha's Regional Hospital Foundation to withdraw the monthly/yearly amount from my:

Credit Card  
(Visa/Mastercard)

Bank Account  
(Attach Void Cheque)

Invoice Me  
(Yearly Only)

\_\_\_\_\_  
Card Number

\_\_\_\_\_  
Expiry Date/CSV

\_\_\_\_\_  
Name of Cardholder Please Sign on Reverse

\_\_\_\_\_  
Email Address



# Thank You for Supporting St. Martha's and you ... the time is NOW!

I understand my gift is ongoing and will be deducted on a monthly/yearly basis as indicated. I can cancel or change my contribution at any time. I may revoke my authorization at any time, subject to providing 30 days notice. To obtain a cancellation form, or for more information on my right to cancel a PAD agreement, I can contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca)

I have certain recourse rights if any debit does not comply with this agreement. For example I have the right to receive reimbursement or any debit not authorized or consistent with this agreement. For more information I may contact my financial institution or [www.cdnpay.ca](http://www.cdnpay.ca)

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Signature

Your gift today can create a lasting legacy of excellence in healthcare for future generations. Consider a planned gift to St. Martha's Regional Hospital Foundation in one of several ways:

- Consider Leaving the Foundation in Your Will
- Using an unneeded life insurance policy or creating a new policy to make a donation
- Making a gift of stocks, bonds or mutual funds
- Please Send Me More Information
- I Wish My Gift to Remain Anonymous