

Hope & Healing Monthly Giving Circle

Name:

Address:

City:

Prov:

Postal Code:

Email:

Phone:

GIFT AMOUNT:

\$10 / month (\$120 per year)

\$35 / month (\$420 per year)

\$15 / month (\$180 per year)

\$50 / month (\$600 per year)

\$25 / month (\$300 per year)

Other Amount \$ / month



PAYMENT OPTION 1: AUTOMATIC BANK TRANSFER

I authorize HDS Foundation to receive the above amount from my bank account on or about the 15th day of each month. My sample cheque marked "VOID" is enclosed.

Signature:

Date:

PAYMENT OPTION 2: CREDIT CARD PAYMENT

VISA

Mastercard

Amex

Credit Card #:

Expiry Date:

Signature:

PAYMENT OPTION 3: CHEQUE

Post-dated cheques for the year are enclosed.

DESIGNATION:

Please designate my gift to the following area:

Most Urgent Needs

Nursing Unit Needs

Parkinson's Rehab Program

Rehabilitation Needs

Cancer Rehab Program

Other:

I'm interested in learning about leaving a gift in my Will

Thank You for becoming a member of the Hope & Healing Monthly Giving Circle.

Your generosity moves us forward - empowering recovery, restoring independence, and rebuilding lives.

You may alter or cancel your donation at any time: 905-685-1381 x84214 | hdsfoundation@hoteldieushaver.org