




# MONTHLY GIVING FORM

YES! I WISH TO BECOME A MONTHLY PARTNER & SUPPORT  
BOWMANVILLE HOSPITAL

By joining us as a Monthly Partner, you will unite with others in supporting the Foundation's We Care, We Can Campaign, which supports the Bowmanville Hospital Redevelopment and Expansion project.

## Ways to Donate

### 1. Have your donation charged to your credit card every month

Please charge \$ \_\_\_\_\_ to my      

Card Number: \_\_\_\_\_ Exp.: \_\_\_\_\_

### 2. Visit our website to sign up for monthly donations at [www.bowhf.com](http://www.bowhf.com)

### 3. Electronic funds transfer by filling out the below:

Please charge: \_\_\_\_\_ each month. Institution Number: \_\_\_\_\_

Transit Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

*Please Complete*

Full Name: \_\_\_\_\_  
(USE CAPITALS)

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_


Signature: \_\_\_\_\_

#### Please note:

- A tax receipt will be sent to you at year's end.
- Donations will end at any time when revoked by donor in *writing* to the Foundation.
- Donations to start on the 15th of the month following the date below.

#### More Information :

 47 Liberty St. S., Bowmanville ON L1C 2N4

 905-623-3331

 [www.bowhf.com](http://www.bowhf.com)

 [bhfoundation@lh.ca](mailto:bhfoundation@lh.ca)

THANK YOU