




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

3. Electronic funds transfer by filling out the below:

Please charge: \$ _____ each month.

Institution Number: _____ Branch 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 :

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 905-623-3331

 www.bowhf.com

 bhfoundation@lh.ca

THANK YOU