Automatic Monthly Giving Form

A monthly donation can be deducted from your chequing account or charged to your credit card. Become a monthly donor through automatic monthly giving simply by printing out this page and completing the form below. Then mail or fax (for credit card payments only) the completed form to:

KELOWNA GENERAL HOSPITAL FOUNDATION

Kelowna General Hospital Foundation
2268 Pandosy Street
Kelowna, BC V1Y 1T2
Ph: 250-862-4438
Fax: 250-862-4377

Yes! I would like to make an automatic monthly contribution of (please check):

___ $10 ___ $15 ____ $20 ____ $25 ____ $35 ____ $50 __ Other $ _____

Please complete the following information:

Name: _____

Address: _____

City: _____ Province: _____

Postal Code: _____ Phone: _____

Email: _____

For monthly donations charged to your credit card, please provide the following:

Credit Card Type (please circle): VISA Mastercard Amex

Name on Credit Card: _____

Credit Card Number: _____ Exp. Date: ____/____
(mo) (yr)

For monthly contributions to be deducted from your chequing account, please provide the following:

Name on Chequing Account: _____

Chequing Account Number: _____

PLEASE NOTE: To set up monthly giving from your chequing account, KGH Foundation requires a **blank, voided cheque** from that account. Please be sure to include it when sending this form and your first cheque.

THANK YOU FOR SUPPORTING KELOWNA GENERAL HOSPITAL FOUNDATION!