

# KGHFUNDATION

**Count me in as member of the KGH Foundation's Monthly Giving program!**

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone (day): \_\_\_\_\_ Phone (night): \_\_\_\_\_

Email: \_\_\_\_\_

**I want to support KGH Foundation with a monthly gift of:**

\$12 / month     \$25 / month     \$50 / month     I prefer to give \$\_\_\_\_\_ / month

To:                       The Area of Greatest Need                       Other: \_\_\_\_\_

**Payment Options (choose one):**

A.     I have faxed or enclosed a void cheque. I authorize KGH Foundation to automatically withdraw the above amount from my account on the 1<sup>st</sup> of each month.

\_\_\_\_\_  
signature

\_\_\_\_\_  
date

B.     On the 1<sup>st</sup> of each month, please charge my credit card in the above amount.

Visa     Mastercard     Amex

\_\_\_\_\_  
card number

\_\_\_\_\_  
expiry date

\_\_\_\_\_  
signature

\_\_\_\_\_  
date

I understand that donations will continue monthly until I notify KGH Foundation of any changes. I may cancel my pledge at any time. I will receive an annual receipt for income tax purposes for the total amount of my monthly gifts.

The KGH Foundation would like to acknowledge your generosity. If you wish to remain anonymous, please e-mail or phone the KGH Foundation and we will ensure your name is not published.

**Please mail form to:**

KGH Foundation  
2268 Pandosy Street  
Kelowna BC V1Y 1T2

**Fax form to:**

(250) 862-4377

**E-mail form to:**

kgfoundation@interiorhealth.ca

**Questions?**

Call us at

(250) 862-4438

**Planned Giving:**

Please send me information about leaving a gift to the KGH Foundation in my Will

I have already left a gift to the KGH Foundation in my Will.

**Charitable Registration No: 11897 8733 RR0001**

**Thank you for your support!**

*together we change lives*