

# KGHFUNDATION

## Monthly Giving Form

### Donor Information:

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

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

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

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

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

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

\$15 / 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

\_\_\_\_\_  
Name on Card

\_\_\_\_\_  
CVV#

\_\_\_\_\_  
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.

### 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.

### Please mail form to:

KGH Foundation  
2268 Pandosy Street  
Kelowna BC V1Y 1T2

### Fax form to:

(250) 862-4377

### E-mail form to:

kghfoundation@interiorhealth.ca

### Questions? Contact:

Chandel Schmidt  
(250) 862-4300 local 7018

chandel.schmidt@interiorhealth.ca

Charitable Registration No: 11897 8733 RR0001

Thank you for your support!

Giving Changes Everything.