

KGH FOUNDATION

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 1st of each month.

Signature

Date

B. On the 1st 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:

kgfoundation@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.