



Your Hospital ... Together We Are Its Future



Circle of Friends

- Annual donations up to \$124
- Welcome Package
 - Member's Circle Magnet
 - Annual Member's Circle Newsletter
 - Name in Donor Report
 - Level Certificate

Circle of Care

- Annual donations of \$125-\$999
- Welcome Package
 - Member's Circle Magnet
 - Name in Donor Report and on our Website
 - Level Certificate
 - Quarterly Newsletter
 - Personal Invitation to Foundation Events

Circle of Vision

- Annual donations of \$1,000- \$4,999
- Welcome Package
 - Member's Circle Magnet
 - Name/profile in Donor Report and on Website
 - Framed Level Certificate
 - Quarterly Newsletter
 - Invitation to a Special Annual Event

Deep River and District Hospital Foundation Circle of Giving Club

Yes! I want to give to the

Circle of Giving

Deep River and District Hospital Foundation Circle of Giving Club

Charity Registration #865273155 RR0001

Here is my commitment to help ensure a bright future for our hospital with a monthly gift of: \$15 (.50 a day!) \$25 \$50 \$100 Other: _____

Name _____ Telephone _____

Address _____ Town _____ Province _____ Postal Code _____

Please select one of the payment options below:

1. PRE-AUTHORIZED CHEQUING

Please deduct the amount above from my bank account on the 18th day, or next business day, of each month. I've enclosed a cheque marked "Void".

2. CREDIT CARD Visa Mastercard

Credit Card Number

Expiry

Name on Card

3. POST DATED CHEQUES

I've enclosed post dated cheques made out to the Deep River and District Hospital Foundation.

Date _____ Signature _____

Receipts for monthly donations will be issued once per year. Payment authorization may be revoked at any time, subject to providing written notice of 10 business days. If you wish to be removed from our mailing list please notify us.