



## Monthly Giving Sign-Up Form

**YES**, I authorize the Walkerton & District Hospital Foundation to receive the following monthly gift of:

**\$31 (A Dollar A Day)** \_\_\_\_\_      **\$20** \_\_\_\_\_      **\$10** \_\_\_\_\_      **Other (Please Specify)** \$ \_\_\_\_\_

### Option 1: Monthly Withdrawal

(Will be processed on or about the first business day of each month)

I authorize the Walkerton & District Hospital Foundation to automatically withdraw the amount indicated from my bank account. **(Please provide VOID cheque)**

On or about the first business day of each month: \$ \_\_\_\_\_

Signature: \_\_\_\_\_

### Option 2: Credit Card Withdrawal

(Will be processed on or about the first business day of each month)

I want to charge the amount indicated to my credit card: \$ \_\_\_\_\_

Visa: \_\_\_\_\_      MasterCard: \_\_\_\_\_

Card Number: \_\_\_\_\_      Security Code: \_\_\_\_\_

Expiry: (mm/yyyy) \_\_\_\_\_

Name on card: \_\_\_\_\_      Signature: \_\_\_\_\_

Note: Credit cards are processed at a private, secure terminal. All information is kept confidential.

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

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

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_      Tel: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Please Mail To:** Walkerton & District Hospital Foundation

21 McGivern Street

P/O Box 1200

Walkerton, ON

N0G 2V0

You will receive a tax receipt for the total amount of your monthly gift on an annual basis, issued after the end of the calendar year. Donations will continue monthly until you notify the WDHF of any changes. Donors have the right to change or cancel this agreement at any time by contacting the WDHF. Any changes must be received before the 20th of the month to take effect for the next month.