

Pledge Form



Gabriola Health Care Foundation

PO Box 295, Gabriola Island, BC V0R 1X0

(250) 247-7411 FAX (250) 247-7405

Email: ghcf@ghcs.ca Web site: <http://www.ghcs.ca/>

Charity BN/Registration # 85193 0586 RR0001

Donor Information (please print or type):

Name(s):		
Address:		
City:	Prov:	Postal code:
Telephone:	E Mail:	

Yes! I will support the Gabriola Health Care Foundation in this special Year of the Clinic in three easy steps:

Step 1: Choose how you would like to support the Foundation:

Option A -Help us plan with Monthly Gifts of

\$20/mo. \$50/mo. \$100/mo. \$150/mo. Other \$ _____/mo.

Please debit my bank account on the 1st. of each month beginning (mm/yy). ____/____

I enclose a cheque marked "Void"

This donation is made on behalf of: an individual, or a business.

(You may revoke this authorization at any time, subject to providing notice of 10 days, by contacting us at the address above or your financial institution. To obtain a sample cancelation form, or for more information on your right to cancel, you may contact your financial institution or visit www.cdnpay.ca. You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to reimbursement of any debit that is not authorized or is not consistent with this agreement. To obtain more information on your recourse rights contact your financial institution or visit www.cdnpay.ca.)

I will make the payments by credit card through Canada Helps (see option D).

Option B - Make a single donation of \$ _____

My cheque payable to the Gabriola Health Care Foundation is enclosed.

Option C – Make a pledge of support payable at a future date:

I (we) pledge a gift of \$ _____ to be paid:

on commencement of clinic construction, or on _____

(Note: A tax receipt may not be issued until payment is received.)

Option D - Credit Card -- To make a single donation or to set up a series of donations by credit card please go to our web site at www.ghcs.ca and click on the **Canada Helps** button on the right side of the screen..

Step 2 –Add your signature and the date

Signature

Date

Step 3 – Return this form with your gift to the address at the top of the form

Acknowledgement Information

I (we) wish to have our gift remain anonymous.

Please use the following name(s) in all acknowledgements (if different from above)

The Gabriola Health Care Foundation is a registered charity for Canadian Income Tax purposes.