EAGLE RIDGE HOSPITAL **FOUNDATION**

DONOR INFORMATION

This donation is made on behalf of: ○ Individual ○ Company

Dr. /Mr. / Mrs. / Ms. / Mr. & Mrs. _____

Tax receipt issued to: _____

CONTACT INFORMATION

Mailing address: _____

Phone: _____ Email: _____

DONATION INFORMATION

Amount: ○ $50 ○ $75 ○ $100 ○ OTHER AMOUNT: $ _____

○ A **one-time gift**

○ **A monthly gift:** ○ On the 1st or ○ the 15th of each month

○ **I wish to leave a legacy** (I have made provision in my Will for Eagle Ridge Hospital Foundation)

○ **Please direct my donation In Memory of a loved one:** _____

○ **Family member to receive gift acknowledgment card:** _____

My message of comfort on the card: _____

_____

Please direct my donations to: ○ Our hospital's greatest needs ○ To a specific hospital department: _____

PAYMENT OPTIONS

OPTION 1: Please charge my donation to my credit card ○ VISA ○ MasterCard ○ American Express

Cardholder Name: _____

Card No. : |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_| **Expiry Date** |_|_|_|_|

Signature: _____

OPTION 2: ○ Please debit my bank account. Attach void cheque. **OPTION 3:** ○ I will donate online at www.erhf.ca.

PLEASE TELL ME MORE

○ About ways to give to Eagle Ridge Hospital through the Foundation.

○ How to include Eagle Ridge Hospital Foundation in my estate plans.

○ Volunteering opportunities.

Charitable Registration Number: 11923 0597 RR0001 • Every gift will be acknowledged with thanks. • Gifts over $25 will receive a charitable tax receipt. • A consolidated tax receipt for the total amount of your monthly gifts will be issued each January. • Consistent with our Foundation Board policy, a 20% contribution from all designated and restricted donations will support the work of Eagle Ridge Hospital Foundation. Net proceeds go to the restricted purpose.

INVEST IN YOUR HOSPITAL TODAY.

BY MAIL OR IN PERSON:
Eagle Ridge Hospital Foundation
475 Guildford Way, Port Moody, BC V3H 3W9

BY PHONE: 604-469-3128

ONLINE: erhf.ca

FOLLOW US @erhf1