

FOR YOU.
 FOR EVERY WOMAN YOU KNOW.
 FOR EVERY WOMAN YOU LOVE.

BC WOMEN'S
 HOSPITAL+
 HEALTH CENTRE
 FOUNDATION



DONATION

MONTHLY GIFT: \$25 \$40 \$75 \$100 Other \$ _____
 Please indicate preferred charge date: 1st or 15th of each month

ONE TIME GIFT: \$100 \$250 \$500 \$1000 Other \$ _____

MAKE A BEQUEST: I have included BC Women's Foundation in my will
 Please send me information on making a gift in my will

PAYMENT METHOD

CREDIT CARD

 Expiry Date

DEBIT MY BANK ACCOUNT - I have enclosed a cheque marked VOID

CHEQUE - I have enclosed a cheque payable to BC Women's Foundation

Name of Donor (please print) _____

Mailing Address: _____ City _____ Province _____ Postal _____

Signature _____ Date: _____

You will receive a tax receipt for the total amount of your monthly gifts on an annual basis. You may cancel your pledge at any time.

THANK YOU FOR YOUR SUPPORT!

BC Women's Hospital Foundation D310 – 4500 Oak St. Vancouver, BC V6H 3N1 Tel: 604-875 2270
 Charitable Registration Number 890267537 RR0001

BC Women's Hospital + Health Centre Foundation respects your personal privacy. We do not rent, sell or trade our mailing lists. The information you provide will be used to provide tax receipts and keep you informed of activities at Women's including programs, services, special events and other opportunities to give. Consistent with Board Policy, a contribution from all designated donation goes to the Area of Greatest Need Fund to support the hospital's most urgent priorities and the work of the BC Women's Hospital Foundation.