

# Lakeridge Health Foundation Monthly Giving Program

Complete this form and mail or fax it to  
Lakeridge Health Foundation. This could  
be the most important thing you do today!

## PERSONAL INFORMATION

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

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

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

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

## PAYMENT INFORMATION

*You will receive a single tax receipt for the total of your monthly donations after the December donation has been processed.*

I would like to join Lakeridge Health Foundation's monthly giving program. Each month I wish to donate:

- \$10 (32 cents/day)       \$20 (65 cents/day)  
 \$15 (48 cents/day)       I prefer to give \$\_\_\_\_\_/month

Deduct these donations from my chequing account on or around the 1st day of each month. I have enclosed a blank sample cheque marked "VOID"

**OR**

Please charge the above amount to my credit card:

Visa    MasterCard    Amex

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

Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

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

**\*NEW\***

- Please send my annual tax receipt by email.

For further information,  
or to speak with someone directly,  
contact **Josh Delves**,  
Development Coordinator at  
905-576-8711 ext. 3139 or email  
[jdelves@lakeridgehealth.on.ca](mailto:jdelves@lakeridgehealth.on.ca)

\* I understand that this agreement may be adjusted or cancelled at any time, subject to 5 business days' notice prior to the next processing date, by contacting Lakeridge Health Foundation at 905.576.8711 Ext 3811. I have the right to receive reimbursement for any debit that is not authorized. To obtain a sample cancellation form, or for more information on my rights to cancel a PAD Agreement, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca)

1 Hospital Court, Oshawa, ON L1G 2B9 | 300 Gordon Street, Whitby, ON L1N 5T2  
Phone: 905-433-4339 | Fax: 905-743-5306 | [foundation@lakeridgehealth.on.ca](mailto:foundation@lakeridgehealth.on.ca)  
[lakeridgehealthfoundation.com](http://lakeridgehealthfoundation.com) | Charitable registration #: 11924 9126 RR0001



**Lakeridge  
Health  
Foundation**