



Giving makes us all better.

Yes, please use my donation to help purchase priority medical equipment important to the quality of health care we all rely on.

Find enclosed my gift (payable to Victoria Hospitals Foundation) of:

\$ _____

I prefer to use my credit card. Please charge my VISA MasterCard

Card # _____ Expiry _____ / _____

Signature _____ Tel: _____

I would like some information about a gift in my will to Victoria Hospitals Foundation.

Thank you for supporting health care in our community.

A tax receipt will be issued for donations. Charitable registration no. 10793 5637 RR0001
Please mail to: Victoria Hospitals Foundation, 620 View Street, Suite 602,
Victoria, BC V8W 1J6

Name _____
Address _____

Tel: _____

We do not sell, trade or rent our donor list. In accordance with the British Columbia Personal Information Act, your personal information will be used only for the purpose of generating a receipt and maintaining a relationship with you as a donor. If you do not consent to the retention of your information on our files, please check this box. For further information regarding our Privacy Code, please visit www.victoriahf.ca.

MONTHLY GIFT OPTION *Please complete this section if you wish to make your gift in monthly installments.*

I wish to give:

\$10/month \$15/month \$25/month Other \$ _____

on the 1st or 15th of the month, starting _____ (month), each month.

I authorize the Victoria Hospitals Foundation to automatically withdraw these gifts from my bank account. Please enclose a VOID cheque.

Signature _____

Please charge my Visa MasterCard

Card # _____ Expiry _____ / _____ Signature _____

I understand that I will receive an annual tax receipt for the total amount of my gifts each year. I understand that if I wish to change the details of this monthly gift I should call the Victoria Hospitals Foundation. I may cancel my gifts at any time.

For more information or to notify us of any changes to this information please call 250-414-6688. Please fax to 250-414-6687 or mail to the address above.