



Yes! I want to help build the clinic!

I wish to make a single gift of _____. My cheque to the Gabriola Health Care Foundation is enclosed. (If you wish to make a donation by credit card, please go to our WEB site at www.ghcs.ca and click on the "Donate" button.)

Or

I wish to make a monthly gift. **Please enclose a cheque marked "Void"** and sign the authorization below. You may cancel the contributions at any time by calling or writing.

I authorize the **Gabriola Health Care Foundation** to deduct \$_____ from my bank account on the first day of every month

until further notification.

until _____ . _____
(provide date of final payment) (signature)

I request a tax receipt.

I wish to remain anonymous.

Name: _____

Address: _____

City/Town: _____

Province: _____ Postal Code: _____

Email: _____

Telephone number: _____

Date: _____

Thank you!

Gabriola Health Care Foundation

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Charity BN/Registration # 85193 0586 RR0001