

Pledge Form



Gabriola Health Care Foundation

PO Box 295, Gabriola Island, BC V0R 1X0
(250) 247-7411 FAX (250) 247-7405
Email: ghcf@ghcs.ca Web site: <http://www.ghcs.ca/>
Charity BN/Registration # 85193 0586 RR0001

Donor Information (please print or type)

Name	
Address	
City	
Province	
Postal Code	
Telephone (home)	
Telephone (business)	
Fax	
E-Mail	

Pledge Information

I (we) pledge a gift of \$ _____ to be paid:

- now
- monthly, on the 1st of each month
- quarterly, on the 1st of each quarter
- annually, on the 1st of _____
- on commencement of clinic construction
- _____

I (we) plan to make this contribution in the form of: cash, check, credit card, or other.

Credit Card

To make a single donation or to set up a series of donations by credit card please go to our web site at www.ghcf.ca and click on the Canada Helps button.

Series of bank transfers

To set up a series of bank transfers please fill in the information above and attach a cheque marked void.

Cheques

Please make your cheque payable to Gabriola Health Care Foundation and mail it to the address above.

Acknowledgement Information

- I (we) wish to have our gift remain anonymous.
- Please use the following name(s) in all acknowledgements (if different from above)

Signature(s) _____

Date _____