RIDGE MEADOWS
HOSPITAL FOUNDATION
SUPPORTING THE BEST IN HEALTH

Pre-authorized Payment Monthly Donation

Receipts will be issued annually by the Foundation.

By cheque – Please include a void cheque

□ $5 □ $10 □ $15 □ $20 □ $25 □ $ ________

This donation will be processed on the 15th of each month.

By Visa or Mastercard

□ $5 □ $10 □ $15 □ $20 □ $25 □ $ ________

Card Number: _______ _______ _______ _______ Expiry: ____/____

This donation will be processed on the 15th of each month.

Designation: □ Area of greatest need □ Other ____________________

□ I would like to remain anonymous.

I hereby authorize the Foundation to process recurring donations to the Foundation by payroll deduction in the amount indicated above until such time as I choose to cease, at which time I will give two weeks notice to the Foundation Office.

Name: ____

Address: ____

Phone: _____________________________

Email: _____________________________

Signature: ___________________________

Return completed applications to: Ridge Meadows Hospital Foundation, 11666 Laity Street, Maple Ridge, BC V2X 7G5 or scan & email to: maureen.pain@fraserhealth.ca Fax: 604.466.7978