

# CAMPAIGN PLEDGE FORM



Please fax your completed form to 519-843-7288 or scan and email form to [LArsenault@gmch.fergus.net](mailto:LArsenault@gmch.fergus.net) or print and return by mail to the address located at the bottom of this document.

FOUNDATION

I / We would like to make a contribution of \$ \_\_\_\_\_ to The New Groves Hospital Capital Campaign payable over \_\_\_\_\_ years.

## DONOR INFORMATION

Name of Donor: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

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

Phone (Home): \_\_\_\_\_ Phone (Bus): \_\_\_\_\_

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

Employer: \_\_\_\_\_ Employee Title: \_\_\_\_\_

Recognition Name: *(Name to appear on donor listings, if different from above)* \_\_\_\_\_

I wish to remain anonymous.

Would you like to receive invitations to Groves Hospital Foundation Events?  Yes  No

Would you like to receive our newsletters? They are sent twice a year.  Yes  No

## GIFT PAYMENT OPTIONS

I / We pledge a total gift of \$ \_\_\_\_\_ over a \_\_\_\_\_ period.  
1 – 5 year (s)

My first pledge payment will be made on (DD/MM/YY) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

My pledge will be made:  1 time in full  Annually  Semi-Annually  Quarterly  Monthly

## METHOD OF PAYMENT

My / Our post-dated cheque (s) made payable to Groves Hospital Foundation is/are enclosed.

I / We will make a gift through a foundation. Specify Foundation: \_\_\_\_\_

I / We will make an electronic transfer and have included a void cheque.

I / We will make a gift of securities. *(Please complete our separate "Gift of Securities Form")*

Credit Card Type:  Mastercard  Visa

Credit Card Number: \_\_\_\_\_ Expiry: \_\_\_\_\_

If this is a corporate card, please specify business name: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Card Holder Signature: \_\_\_\_\_

## THANK YOU FOR YOUR SUPPORT!

An official tax receipt will be issued for your gift. Groves Hospital Foundation respects your privacy. Our staff will always ensure to hold all donor information in strict confidence in accordance with all privacy legislations. Your name will be taken off any and all internal lists if you provide written request. If you have any questions about our Privacy Policy, your gift and/or our programs please contact Lori Arsenault, Executive Director, Groves Hospital Foundation at 519-843-2010 ext. 3363 or by email at [LArsenault@gmch.fergus.net](mailto:LArsenault@gmch.fergus.net).

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