

FOUNDATION PLEDGE FORM

Please fax your completed form to 519-843-7288 or scan and email form to bbois@gmch.fergus.net or print and return by mail to the address located at the bottom of this document.



I / We would like to make a contribution of \$ _____ to Groves Hospital Foundation payable over _____ years.

DONOR INFORMATION

Name of Donor(s): _____
Mailing Address: _____ **City:** _____
Province: _____ **Postal Code:** _____
Phone (Home): _____ **Phone (Bus):** _____
Email: _____
Employer: _____ **Employee Title:** _____
Recognition Name: (Name to appear on donor listings, if different from above) _____

I/We 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.
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

Gifts of Securities: Estimated value \$ _____ To facilitate transaction, please call 519-843-2010 ext. 3268

Pre-Authorized Payment: I authorize Groves Hospital Foundation to deduct \$ _____ from my account on the 15th day of each month until I advise Groves to make a change. Please attach a personal cheque marked void.

Cash or Cheque: # _____ in the amount of \$ _____ Post-dated for _____

Credit Card*:

Credit Card Type: Mastercard Visa

Card Holder Name (please print): _____

Card #: _____ **Expiry Date:** _____

Immediately upon receipt: \$ _____

Monthly Payments of: \$ _____ starting in (month): _____

*I understand that withdrawals for that amount will be made from my credit card on the 15th day of the month as requested until I advise Groves to make a change. *Minimum \$10 per credit card payment.*

Card Holder Signature: _____

Workplace Giving: My gift will come through (company name): _____

Matching Gift: My gift will be matched by (organization name): _____

Additional Information:

Please direct my gift to: Equipment New Groves Hospital Building Fund Other (please specify): _____

I/We have left a Legacy Gift to Groves Hospital Foundation in my/our will.

Please make cheques, corporate matches, or other gifts payable to:

Groves Hospital Foundation
235 Union St. E.
Fergus, Ontario N1M 1W3

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 Bonnie Bois, Foundation Assistant, Groves Hospital Foundation at 519-843-2010 ext. 3268 or by email at bbois@gmch.fergus.net.

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www.grovesfoundation.com Charitable Business Number: 86359 7357 RR0001