



# Gabriola Health Care Foundation

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Email: [ghcf@ghcf.ca](mailto:ghcf@ghcf.ca) Web site: <http://www.ghcf.ca/>

Charity BN/Registration # 85193 0586 RR0001

## Donor Information (please print or type):

Name(s):		
Address:		
City:	Prov:	Postal code:
Telephone:	E Mail:	

## Yes! I will support the Gabriola Health Care Foundation:

### Step 1: Choose how you would like to support the Foundation:

#### Option A -Help us plan with Monthly Gifts of

\$20/mo.     \$50/mo.     \$100/mo.     \$150/mo.     Other \$ \_\_\_\_\_/mo.

Please debit my bank account on the 1<sup>st</sup>. of each month beginning (mm/yy). \_\_\_\_/\_\_\_\_

I enclose a cheque marked "Void"

This donation is made on behalf of:  an individual, or  a business.

(You may revoke this authorization at any time, subject to providing notice of 10 days, by contacting us at the address above or your financial institution. To obtain a sample cancelation form, or for more information on your right to cancel, you may contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca). You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to reimbursement of any debit that is not authorized or is not consistent with this agreement. To obtain more information on your recourse rights contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).)

I will make the payments by credit card through Canada Helps (see option D).

#### Option B - Make a single donation of \$ \_\_\_\_\_

My cheque payable to the Gabriola Health Care Foundation is enclosed.

#### Option C – Make a pledge of support payable at a future date:

I (we) pledge a gift of \$ \_\_\_\_\_ to be paid on \_\_\_\_\_

(Note: A tax receipt may not be issued until payment is received.)

**Option D - 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](http://www.ghcf.ca) and click on the **Canada Helps** button on the right side of the screen.

### Step 2 –Add your signature and the date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Step 3 – Return this form with your gift to the address at the top of the form

#### Acknowledgement Information

I (we) wish to have our gift remain anonymous.

Please use the following name(s) in all acknowledgements (if different from above)

**The Gabriola Health Care Foundation is a registered charity for Canadian Income Tax purposes.**