North Bay and District Hospital
FOUNDATION ♥ FONDATION
de l'Hôpital de North Bay et du district

Pledge Form

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ E-Mail: _____

I/we wish to make a pledge

A total gift of $_____ payable over ☐1 yr ☐ 2 yrs ☐ 3 yrs

- with payments made: ☐ Annually ☐ Semi-annually ☐ Quarterly ☐ Other_____

- with payments starting on: _____/_____/_____
(day / month / year)

- payable by: ☐ postdated cheques ☐ pre-authorized transfer ☐ To mail cheque upon reminder
(include a void cheque)

☐ Visa ☐ MasterCard

Credit Card No. _____ Expiry date: _____

Please designate my gift to: ❍ the Urgent Need Fund ❍Other_____

❍ I would like my name to appear as _____
on published donor recognition lists.

❍ I wish my gift to remain anonymous.

_____ _____
Signature Date

By signing this pledge form, I agree to allow my name to be published as part of the Foundation donor list. I also understand that my name will be listed with other donors on the Foundation's donor wall located at the new hospital.

- Please return this form with your donation
- Please write any additional comments or notes on the reverse side
- Please include postdated cheques or void cheque if applicable

THANK YOU FOR YOUR KIND GIFT!

North Bay and District Hospital Foundation
PO Box 2500 North Bay Ontario P1B 5A4
PHONE: 495-8125 FAX: 495-8121

CHARITABLE NO. 88773 1123 RR0001