



Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

I/we wish to join *Friends of the Foundation* and support NBRHC Foundation through monthly donations. (choose A, B or C)

**A) Please debit my bank account:** (attach void cheque)

\$10    \$20    \$25    \$30    \$50    \$83.33    Other Amount \_\_\_\_\_

(\$1 a day)   (\$1,000 per yr)   (specify)

This donation is made on behalf of:  an Individual    a business  
*Pre Authorized Debits are processed on the 15<sup>th</sup> day of each month.*

I may revoke my authorization at any time, subject to providing notice 10 days before the processing date – 15<sup>th</sup> of the month. To obtain a sample cancellation form, or for more information on my right to cancel a PAD Agreement, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).  
I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

**B) Please debit my Credit Card:**

\$10    \$20    \$25    \$30    \$50    \$83.33    Other Amount \_\_\_\_\_

(\$1 a day)   (\$1,000 per yr)   (specify)

*Credit cards are processed the first week of the month.*

Visa    MasterCard

Credit Card No. \_\_\_\_\_ Expiry Date \_\_\_\_/\_\_\_\_

**C) I wish to provide postdated cheques:** (attach postdated cheques)

\$10    \$20    \$25    \$30    \$50    \$83.33    Other Amount \_\_\_\_\_

(\$1 a day)   (\$1,000 per yr)   (specify)

*Postdated cheques will be processed on the cheque date or the next business day.*

Please designate my gift to:    the Greatest Need Fund    Other \_\_\_\_\_

I would like my name to appear as \_\_\_\_\_  
on published donor recognition lists.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature

- As an inspiration to others, I agree to allow my name to be added to the Foundation donor list and donor wall.  
OR  
 I wish my name to remain anonymous. (*Your name will not be added to any donor list*).

Enhancing your healthcare, close to home.

North Bay Regional Health Centre Foundation  
50 College Dr., PO Box 2500 North Bay ON P1B 5A4  
PHONE: 705-495-8125   Email: [foundation@nbrhc.on.ca](mailto:foundation@nbrhc.on.ca)