

**Campaign:**

**In memory of:**

**Name of next of kin:**

**Relationship:**

**Address of next of kin:**

**YES!** I / we pledge our support to The Health Foundation to assist in the purchase of new medical equipment.

My total pledge/donation is \$

First name

Last name

Address

City

Province

Postal code

Telephone

Fax

Email

### Method of Payment

Cheque (*payable to The Health Foundation*)

Pre-Authorized Payment

Name of financial institution

Address

City

Province

Account #

Chequing

Savings

Sample cheque marked VOID is attached

Credit Card

MasterCard

Visa

Card #

Expiry date /

### Payment Schedule

This is a one-time donation or Payment will be made:

Monthly

Annually

Amount of each payment: \$

Start date

/ /  
dd mm yy

End date

/ /  
dd mm yy

Signature

Date