

Four Counties Health Services Foundation
“Community of Caring”
Monthly Giving Program

Yes, I would like to support FCHS Foundation by contributing to the Monthly Giving Program.

I authorize a monthly gift of : \$15 \$25 \$35 \$50 Other \$_____

Please make deductions on the **10th** of each month from my bank account.
(I have attached a cheque marked ‘VOID’).

_____ Date: _____
Signature

I understand I may cancel or modify my monthly gift at any time by simply writing or calling the Foundation office, no later than the first day of the month of the payment to be adjusted.
(eg. Notification by March 1 for the payment due March 10).

Thank you for your generosity

Four Counties Health Services Foundation Privacy Statement

At Four Counties Health Services Foundation, we appreciate your support and we treat your personal information with respect. We do not rent, sell or trade any personal information. The information you provide will be used to issue your charitable donation receipt, for donor recognition and to keep you informed of events and fundraising opportunities in support of FCHS. If at any time you wish to be removed from our mailing list, or you do not want recognition of your donation, simply contact us by phone at 519-693-4441 ext 2438 or email to info.fchsfoundation@mha.tvh.ca

If you choose to give a Monthly gift, here are examples of how your gift will add up:

<i>Monthly</i>	<i>Daily</i>	<i>Weekly</i>	<i>Annual</i>
\$10.00	\$0.33	\$2.31	\$120.00
\$20.83	\$0.68	\$4.81	\$250.00
\$41.76	\$1.37	\$9.62	\$500.00
\$50.00	\$1.64	\$11.54	\$600.00
\$62.50	\$2.05	\$14.42	\$750.00
\$83.33	\$2.74	\$19.23	\$1000.00
\$166.67	\$5.48	\$38.46	\$2000.00
\$200.00	\$6.58	\$46.15	\$2400.00