

## MONTHLY DONATION FORM

YES! I want to support Trillium Health Partners Foundation.

Mr.  Mrs.  Ms.  Miss. Dr.  \_\_\_\_\_  
First Name, Last Name

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

City: \_\_\_\_\_

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

Phone: \_\_\_\_\_ email: \_\_\_\_\_

### MONTHLY GIVING

I authorize Trillium Health Partners Foundation to debit:

\$100  \$50  \$25  \$10  \$ \_\_\_\_\_ on the 15th day of each month beginning \_\_\_\_\_ / \_\_\_\_\_  
Month Year

To change or cancel your donation, please provide Trillium Health Partners Foundation with a minimum of 30 days notice to avoid your next upcoming donation. You will receive a consolidated income tax receipt for all donations made in the calendar year before February 1st to claim your deduction for income tax purposes.

### METHOD OF PAYMENT

Bank account (void cheque enclosed for monthly giving)

Visa  Mastercard  American Express

Credit card no.: \_\_\_\_\_ Expiry date: \_\_\_\_\_ / \_\_\_\_\_  
Month Year

Signature: \_\_\_\_\_

I wish to remain anonymous.

Yes, I would like to receive email communications from Trillium Health Partners Foundation.

If you have any questions or concerns, please contact Barbara Acampado 905-848-7575 ext. 2930 or barbara.acampado@thp.ca

Registered Canadian Charitable Business Number: 11924 5678 RR0001

Trillium Health Partners Foundation respects your privacy and protects your personal information. We do not rent, sell or trade our contact lists. The information you provide will be used to issue tax receipts and to keep you informed of Foundation activities. If you would like to be removed from our contact list, please call us at (905) 848-7575 or send an email to foundation@thp.ca and we will gladly accommodate your request.

## THANK YOU FOR YOUR SUPPORT