

Perley Health Foundation Monthly Giving Program

Name _____

Address _____

Telephone _____

Email: _____

- I would like to increase my monthly donation to further support the work of Perley Health Foundation and provide the best care for veterans and residents.

I'm currently making a monthly donation of \$. Today, I'd like to increase my monthly donation to \$ _____.

- CHEQUING ACCOUNT AUTHORIZATION**

I hereby authorize **Perley Health Foundation** to deduct the amount above from my bank account on the first of each month. My sample cheque marked "VOID" is enclosed.

Signature _____ Date _____

- CREDIT CARD AUTHORIZATION**

I hereby authorize **Perley Health Foundation** to charge the amount above on my credit card on the first of each month.

VISA

MASTERCARD

AMEX

Card # _____ Expiry Date _____

Signature _____ Date _____

I understand I will receive one income tax receipt for the total amount of my donations in February next year.

Please mail form to Perley Health Foundation

1750 Russell Road Ottawa, ON K1G 5Z6

Fax: 613-526-7022 Email: foundation@perleyhealth.com Phone: 613-526-7173