

# KGHFUNDATION

## Monthly Giving Form

### Donor Information:

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

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

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

Phone (day): \_\_\_\_\_ Phone (night): \_\_\_\_\_

Email: \_\_\_\_\_

### I want to support KGH Foundation with a monthly gift of:

☐ \$15/month ☐ \$25/month ☐ \$50/month ☐ I prefer to give \$\_\_\_\_\_/ month

In support of: ☐ Area of Greatest Need ☐ JoeAnna's House ☐ Other: \_\_\_\_\_

### Payment Options (choose one):

- A. ☐ I have enclosed a void cheque. I authorize KGH Foundation to automatically withdraw the above amount from my account on the 1<sup>st</sup> of each month.

Signature \_\_\_\_\_

Date \_\_\_\_\_

- B. ☐ On the 1<sup>st</sup> of each month, please charge my credit card in the above amount.

☐

Visa

☐

Mastercard

Card Number \_\_\_\_\_

Expiry Date \_\_\_\_\_

Name on Card \_\_\_\_\_

CVV# \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

I understand that donations will continue monthly until I notify KGH Foundation of any changes. I may cancel my pledge at any time. I will receive an annual receipt for income tax purposes for the total amount of my monthly gifts.

The KGH Foundation would like to acknowledge your generosity. If you wish to remain anonymous, please e-mail or phone the KGH Foundation and we will ensure your name is not published.

### Planned Giving:

- ☐ Please send me information about leaving a gift to the KGH Foundation in my Will  
☐ I have already left a gift to the KGH Foundation in my Will.

### Please mail form to:

KGH Foundation  
2268 Pandosy Street  
Kelowna BC V1Y 1T2

### E-mail form to:

kghfoundation@interiorhealth.ca

### Questions? Contact:

Emily Ball, Donor Relations Manager  
(250) 862-4300 local 24876  
emily.ball@interiorhealth.ca

Charitable Registration No: 11897 8733 RR0001

Thank you for your support!

Giving **Changes** Everything.