

## Enrollment Form Monthly Giving Club

**YES**, I authorize the Prince Edward County Memorial Hospital Foundation to receive the following monthly gift of:

\$100.00 \_\_\_\_\_ \$50.00 \_\_\_\_\_ \$25.00 \_\_\_\_\_ other: \$ \_\_\_\_\_ (per month)

**Option 1 - Monthly withdrawal** (will be processed on or about the first business day of each month)

I authorize the PECMH Foundation to automatically withdraw the amount indicated from my bank account. **(Please provide VOID cheque)**

On or about the first business day of each month: \$ \_\_\_\_\_

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

**Option 2 – Credit card withdrawal** (will be processed on or about the first business day of each month)

I want to charge the amount indicated to my credit card: \$ \_\_\_\_\_

**Visa:** \_\_\_\_\_ **Mastercard:** \_\_\_\_\_ **American Express:** \_\_\_\_\_

**Card Number:** \_\_\_\_\_ **Security Code:** \_\_\_\_\_

**Expiry:** (mm/yyyy) \_\_\_\_\_

**Name on card:** \_\_\_\_\_

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

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

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**Postal Code:** \_\_\_\_\_ **Tel:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

Please mail to:            PECMH Foundation  
                                  403 Main St.  
                                  Picton, ON K0K 2T0  
                                  613-476-1008 ext. 4425  
                                  HYPERLINK "http://www.pecmh.ca" [www.pecmh.ca](http://www.pecmh.ca)  
                                  Charitable Registration: BN: 13287 6855 RR0001

You will receive a tax receipt for the total amount of your monthly gift on an annual basis, issued after the end of the calendar year. Donations will continue monthly until you notify the PECMH Foundation of any changes. Donors have the right to change or cancel this agreement at any time by contacting the PECMH Foundation. Any changes must be received before the 20<sup>th</sup> of the month to take effect for the next month.