



I would like to make a:

- | | | | |
|--|---|-----------------------------------|--------------------------------|
| <input type="checkbox"/> Monthly gift of | <input type="checkbox"/> One-time gift of | | |
| <input type="checkbox"/> \$25 | <input type="checkbox"/> \$50 | <input type="checkbox"/> \$100 | <input type="checkbox"/> \$200 |
| <input type="checkbox"/> \$500 | <input type="checkbox"/> \$1000 | <input type="checkbox"/> Other \$ | |

Please make cheques payable to PECMH Foundation.
For Monthly giving, please provide a void cheque.

- | | | |
|-------------------------------|-------------------------------------|-------------------------------|
| <input type="checkbox"/> Visa | <input type="checkbox"/> Mastercard | <input type="checkbox"/> AmEx |
| Card # _____ | | |
| Expiry _____ | C.V. Code _____ | |

- Dr. Mr. Mrs. Ms. Miss

Name _____

Address _____

City _____ Prov _____ Postal Code _____

Phone _____ E-mail _____

- I have made a gift in my will to the PECMH Foundation
- I would like more information on making a gift in my will

PECMHF recognizes donors who have given \$1,000 or more in total since 1998 on our Donor Wall. Would you like to be:

- recognized on the Donor Wall when you reach this level
- remain anonymous

Charitable Number: BN 13287 6855 RR0001