



RENFREW
VICTORIA
HOSPITAL
FOUNDATION

*"Giving our best each day
to build on the
Proud past of the
Renfrew Victoria Hospital
and the
Renfrew Victoria Hospital
Foundation"*



RENFREW
VICTORIA
HOSPITAL
FOUNDATION

Yes, I would like to support the Renfrew Victoria Hospital Foundation

I would like to donate: ☐ \$10 ☐ \$25 ☐ \$50 ☐ \$100 ☐ \$ _____

I would like to become an RVH "GEM" (Give Every Month)

I would like to support RVH Foundation with a MONTHLY donation: ☐ \$10 ☐ \$20 ☐ \$25 ☐ \$ Other _____

Select one Monthly Donation Option:

- ☐ Please withdraw the specified amount from my bank account on the 15th day of every month, commencing __/__/__ (mm/yr)
My sample cheque attached is marked VOID
- ☐ Please charge my credit card: (cardholder information below)

Payment Information

**My cheque payable to the Renfrew Victoria Hospital Foundation is enclosed
or Credit Card: Visa Mastercard**

Card Number: _____

Expiry Date: __/__/__ (Day/Month/Year)

Cardholder Name: _____

Signature: _____

Contact Number: _____

Name: _____

Address: _____

City: _____

Province: _____

Postal Code: _____

- ☐ I would like to receive monthly e-mail updates to: _____
- ☐ Opt out of our e-mail club

You can change the amount of your Monthly gift or end your Monthly donation at any time by contacting the RVH Foundation, 499 Raglan St. N, Renfrew, ON K7V 1P6

Charitable Registration Number: 88986 3999 RR0001

Donate online at www.rvhfoundation.com