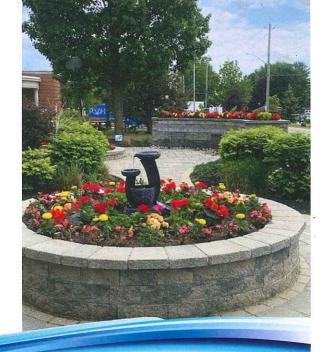


"Giving our best each day
to build on the
Proud past of the
Renfrew Victoria Hospital
and the
Renfrew Victoria Hospital
Foundation"

Charitable Registration Number: 88986 3999 RR0001



RENFREW VICTORIA HOSPITAL FOUNDATION	
Yes, I would like to support the Renfrew Victoria Hosp I would like to donate: \$10 \$25 \$5	
I would like to become an RVH "GEM" (Give Every Month) I would like to support RVH Foundation with a MONTHLY dona	ation: \$10 \$20 \$25 \$Other
Select one Monthly Donation Option:  Please withdraw the specified amount from by bank account on the 15 <sup>th</sup> day of every month, commencing/ (mm/yr) My sample cheque attached is marked VOID Please charge my credit card: (cardholder information below)  Payment Information	
Name: Address: City: Province:	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:
Postal Code:  I would like to receive monthly e-mail updates to:  Opt out of our e-mail club	Signature:Contact Number:

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

Donate online at www.rvhfoundation.com