

## I Would Like To Participate in the Southlake Family Giving Campaign!

### Personal Information (please print clearly)

NAME \_\_\_\_\_  
DEPARTMENT \_\_\_\_\_ EXT. \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
HOME ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ PROV \_\_\_\_\_ POSTAL CODE \_\_\_\_\_ PHONE \_\_\_\_\_

### Type of Donation

I would like to donate \$ \_\_\_\_\_ to support:

Essential Equipment Needs (all areas)

Other (Specific Program or Department)

Department/Program Name \_\_\_\_\_ Total value \$ \_\_\_\_\_

### Payment Schedule

My full gift is included with this gift confirmation form

My gift will be paid over the period \_\_\_\_\_ to \_\_\_\_\_ (max of 3 years) starting  
Year Year

\_\_\_\_\_, to be paid  annually  monthly  twice yearly  four times yearly  
day/month

### Payment by Payroll

Payroll Donation Employee number \_\_\_\_\_  I prefer One time only = \$ \_\_\_\_\_

on \_\_\_\_\_ (date) **OR**  I prefer \$ \_\_\_\_\_ per Pay Period starting on: \_\_\_\_\_ (date)

until \_\_\_\_\_ (date) or  until I ask you in writing (or email) to stop: [foundation@southlakeregional.org](mailto:foundation@southlakeregional.org)

### Other Methods of Payment

Cash  Cheque  VISA  MasterCard  American Express

### Credit Card Information

Name On Credit Card (please print) \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Expiry \_\_\_\_\_ CVV: \_\_\_\_\_

Signature \_\_\_\_\_

### Confirmation

Signature \_\_\_\_\_ Date \_\_\_\_\_

## THANK YOU FOR YOUR SUPPORT!

Please note that names of donors, honorees, and/or gift range may be listed in a variety of Southlake publications. If you wish your gift to remain anonymous, please check the box below. Southlake Regional Health Centre Foundation is proud to publicly recognize all gifts of \$10,000 and above.

Please indicate your wish to receive further information regarding Donor Recognition.

I prefer my gift to be Anonymous

Please provide me with information regarding Donor Recognition

*A portion of your gift will be allocated to cover Foundation expenses necessary to raise millions of dollars annually and to help support the Hospital's priority needs not covered by other funding. The Southlake Foundation Board establishes and monitors the allocation amount as part of the annual budgeting process.*