



Monthly Giving Pre-Authorized Debit Agreement

Monthly giving is an easy and convenient way to provide ongoing support to fund equipment and other needs at Arnprior Regional Health (both the hospital and the). You'll receive a tax receipt just once a year. You can change your support at any time by calling Christine at (613)623-3166 Ext. 362.

Contact Information:

Name: _____
(First) (Last)

Mailing Address (for tax receipt purposes):

(Apt) (Address) (City)

(Prov) (Postal Code) (Phone Number)

Donation Information:

I would like to give a monthly gift of: \$_____

Please debit my bank account (attach VOID cheque):

Please direct my donation to the following:

- Equipment Needs at the Hospital and the Grove
- Grove Nursing Home Redevelopment
- Where the funds are needed most

I authorize the Arnprior Regional Health Foundation to debit my account on the 28th day of each month or the next business day. At any time I may revoke this authorization, subject to providing notice of 30 days.

Signature

Date