



Mount St. Mary Hospital

Established in 1941 by the Sisters of St. Ann

Yes,

I want to enhance the care of the 200 residents and their families who call Mount St. Mary Hospital home.

My Gift:

Please accept my **one-time donation** of: \$ _____

OR

Please accept my **monthly* donation** of:

\$15/mo

\$25/mo

\$55/mo

\$100/mo

Other \$ _____

Deducted on the 1st of the month 15th of the month

* Monthly Giving: I understand that payments will continue automatically each month until I notify Mount St. Mary Hospital of any changes by calling 250-480-3138. I understand that I can change or cancel my monthly donation at any time, and I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this Pre- Authorized Debit agreement. I have certain recourse rights if any debit does not comply with this agreement, and to obtain more information on my recourse rights, I may contact my financial institution or visit cdnpay.ca.

My Area of Interest:

Area of Greatest Need

Specialized Equipment

Room Renovations

Resident Programs

Sisters of St. Ann Legacy Fund

My Information:

I would like to remain anonymous

Cheque

VISA

Mastercard

Your credit card can be used for **one-time** or **monthly** donations. We currently can't accept monthly donations through your bank..

Name _____

Address _____

City _____

Prov _____

Postal Code _____

Credit Card # _____

Expiry _____

Phone _____

Email _____

Signature _____

Thank you for supporting the residents of Mount St. Mary Hospital.