



202-900, De la Carrière Blvd  
Gatineau (Québec) J8Y 6T5

YES, I would like to support the Gatineau Health Foundation

## PERSONNAL INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_  
 Province: \_\_\_\_\_ Postal code: \_\_\_\_\_  
 Phone (home): \_\_\_\_\_ Phone (business): \_\_\_\_\_

## DONATION PLEDGE

Option 1: Single donation

Donation amount: \_\_\_\_\_ \$

Option 2: Monthly donation

\_\_\_\_\_ \$/month  On the 1<sup>st</sup> of each month  On the 15<sup>th</sup> of each month

Starting in: \_\_\_\_\_

I would like a tax receipt? YES  NO  (checkbox)

I would like to receive my tax receipt at this email address: \_\_\_\_\_

I want my gift to remain anonymous. YES  NO  (checkbox)

## PAYMENT METHODS

Option 1: Cheque



Please make your cheque payable to the Gatineau Health Foundation.

Option 2: Bank Withdrawal

I authorize the Gatineau Health Foundation to withdraw the above amount form my account and join a sample cheque marked "void".

Signature: \_\_\_\_\_

Option 3: Credit card

   \_\_\_\_\_  
 Card # \_\_\_\_\_ exp. \_\_\_\_\_ cvc \_\_\_\_\_

Signature: \_\_\_\_\_

By completing this form, you consent to the collect of your personal information. For further information, please visit: <https://www.fondationsantegatineau.ca/en/politique-de-confidentialite/>

Signature \_\_\_\_\_

Date \_\_\_\_\_

Contact: [info@fondationsantegatineau.ca](mailto:info@fondationsantegatineau.ca) / 819.966-6108

Charity Registration Number: 10758 8477 RR0001