#### **Strathroy Middlesex General Hospital Foundation**

# **Pledge Form**

### YES! I want to support 'The Need Is Real' campaign.

the need is lead is
Strathroy Middlesex General Hospital Foundation

(Please Print)			
Name:	Signature:		
Address:			
City:	Postal Code:		
•	Email:		
PLEDGE INFORMATION			
Total Financial Pledge Amount \$(indicate total dollar)	over a period of years/months.		
Installments will be made			
	onth / Day / Year e right to change or cancel my pledge at any time.		
METHOD OF PAYMENT			
WILTH	OD OF PAYMENT		
☐ CHEQUE (please make cheques payable to SMGH Foundation) ☐ AMEX Card #	Expiry Date:		
☐ VISA Card #			
☐ MASTERCARD Card #	Expiry Date:		
☐ PRE-AUTHORIZED DEBIT (please attach a VOID cheque)			
	Branch No Transit No		
The Donor authorizes SMGH Foundation to debit the above accou pledge is fullfilled.	unt in the amount of \$00 on the 15th day of each month until the above		
The Bank is not required to verify that any debits drawn by SMGH Foundation are in accordance with this Authorization or the agreement made between myself and SMGH Foundation. It is acknowledged that in order to revoke this Authorization, I must provide written notice to SMGH Foundation. This Authorization may be cancelled at any time upon written notice by the Customer. This Authorization applies only to a method of payment with regard to my pledge to SMGH Foundation.			
The Donor will notify SMGH Foundation promptly, in writing, if there is any change in the above account information.			
Any delivery of this Authorization to SMGH Foundation constitutes delivery by the Donor to the Bank. It is warranted by the Donor that all persons whose signatures are required to sign on the above account have signed this Authorization. The Donor acknowledges receipt of a signed copy of this Authorization.			
Signature	Date		
Authorized Signature of Acco	ount Holder		
SignatureAuthorized Signature of Acco	Date		
Authorized Signature of Acco	ount Holder		



## The Power of Giving Together ...

Each gift to the Strathroy Middlesex General Hospital is important. Your contribution combines with those of other donors from the community to ensure the needs of our patients are met.

With your help, we can build a strong and secure health care future for Strathroy and the surrounding communities served by the Strathroy Middlesex General Hospital.

### **Thank You for Your Support!**

EXAMPLES OF GIVING			
Installment Amount	Pays per Year	Total over 5 Years	
Per-Pay (Bi-Weekly)			
\$35 \$25 \$20 \$15 \$10	26 26 26 26 26	\$4,550 \$3,250 \$2,600 \$1,950 \$1,300	
Per-Pay (Weekly)			
\$20 \$15 \$10 \$5	52 52 52 52	\$5,200 \$3,900 \$2,600 \$1,300	