



Sustaining Supporter Program

Yes, I will become a Sustaining Supporter and donate monthly to the Spirit of the North Healthcare Foundation. I would like to make a donation of \$ _____ on the 15th of each month beginning _____ (month) 201__.

Full Name: _____

Address: _____ City: _____ Postal Code: _____

Phone (day): _____ Email (optional): _____

Name(s) to be Recognized: _____

I would like to donate by:

Electronic Transfer (automatically from my chequing account). Please enclose a cheque marked VOID.

or;

VISA MC AMEX

Card # _____ Exp. _____

I hereby authorize the Spirit of the North Healthcare Foundation to make automatic monthly withdrawals from my bank account or credit card, as indicated above. I understand that I may cancel this authorization at any time by notifying the Foundation in writing.

Signature: _____ Date: _____

Donors of \$10.00 or more per month qualify as a Sustaining Supporter of the Foundation.
Tax receipts are issued at the end of the calendar year.

Thank you

Please fax completed forms (with photocopy of VOID cheque if required) to 565-2595
or mail to: Spirit of the North Healthcare Foundation, 1475 Edmonton Street, Prince George, BC V2M 1S2.