



Perley Rideau

The Perley and Rideau Veterans' Health Centre Foundation

www.perleyrideau.ca

La Fondation du Centre de santé Perley et Rideau pour anciens combattants

Perley Rideau Monthly Giving Program

Name: _____

Address _____ City _____ Prov _____

Postal Code: _____ Telephone _____

Email: _____

I would like to spread my support for the work of the Perley Rideau Foundation through the year by making monthly gifts. It's easy and convenient. I could change the amount of my donation or end this service at any time by contacting the Foundation office at 613-526-7173 or email foundation@prvhc.com.

CHEQUING ACCOUNT AUTHORIZATION

I hereby authorize **The Perley and Rideau Veterans' Health Centre Foundation** to deduct the following amount from my bank account on the first of each month. My sample cheque marked "VOID" is enclosed.

\$10 \$15 \$20 \$30 Other \$ _____

Signature _____ Date _____

CREDIT CARD AUTHORIZATION

I hereby authorize **The Perley and Rideau Veterans' Health Centre Foundation** to charge the following amount on my credit card on the first of each month.

\$10 \$15 \$20 \$30 Other \$ _____

VISA MASTERCARD AMEX

Card # _____ Expiry Date _____

Signature _____ Date _____

I understand I will receive one income tax receipt for the cumulation amount of my donations in February next year. **Thank you on behalf of those who call the Perley Rideau "home"**. Registered Charitable No 12194 8038 RR 0001.

Please mail form to The Perley and Rideau Veterans' Health Centre Foundation

1750 Russell Road Ottawa, ON K1G 5Z6

Fax: 613-526-7022 Email: foundation@prvhc.com Phone: 613-526-7173