



Help us save lives...support the CT Scanner Campaign!



PLEDGE FORM

CT SCANNER



Charitable Registration

#881545446RR001

YES! I/WE want to support the CT scanner and help ensure quality health care for my/our community.

I would like to pledge the amount of \$ _____ or donate a one-time gift of \$ _____

NAME: _____ SIGNATURE: _____

ADDRESS _____

POSTAL CODE _____ PHONE _____ DATE _____

Initial Installment

My pledge will be paid over a period of: _____ YEARS

Included with this pledge form is an initial payment of: \$ _____

Subtracted from my total pledge, this leaves a balance to be paid of: \$ _____

Method of Payment

I will pay my pledge in full or make payments by: Cheque _____ VISA/MasterCard _____

In choosing **VISA/MasterCard**, I understand that deductions will be made from my credit card according to the schedule below.

In choosing pledge payments, I understand that I will be sent an invoice (see payment schedule below).

Payment Schedule

Please invoice me _____, or deduct \$ _____ from my credit card:

- ____ Monthly
- ____ Yearly
- ____ Other

Credit Card Authorization

Please bill my VISA / Mastercard:

Card Number _____

EXPIRY _____

Signature _____

____ I wish to keep my gift private. Please do not put my name in any publications or recognize me/us in any way.

PLEASE MAKE DONATIONS PAYABLE TO:
Sioux Lookout Meno Ya Win Health Centre Foundation
MAIL TO: PO Box 909, Sioux Lookout, ON P8T 1B4
Phone 807-737-7997 Fax 807-737-5127 foundation@slmhc.on.ca