



# Thank you!

for joining our Monthly Giving Program

(To make an online donation, please visit our website at [www.lghfoundation.com](http://www.lghfoundation.com))

**Donor Information:**

First Name: \_\_\_\_\_ Last Name \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*Lions Gate Hospital Foundation would like to keep you up to date with our latest news by sending you our e-newsletter once a quarter. You can click to unsubscribe at any time.*

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**I wish to make an ongoing monthly gift of:**  \$10  \$25  \$50  Other \$ \_\_\_\_\_

Please debit my bank account (attach void cheque) on the  2<sup>nd</sup> day of month  15<sup>th</sup> day of month

Please charge my credit card on the 1<sup>st</sup> of the month (please complete details below)

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For **credit card payment**, please complete the following:

Please use my:  Visa  MasterCard  American Express

Name on Credit Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

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

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\*To make a gift of stock, please contact the Foundation office at (604)984-5785 to request a letter of direction, or download the letter from our website – [www.lghfoundation.com](http://www.lghfoundation.com) (under the heading 'Ways to Give')

*Thank you for your generous support*

**Please mail or fax to:**  
Lions Gate Hospital Foundation  
231 East 15th Street  
North Vancouver BC V7L 2L7  
Fax: 604-984-5786