



west parry sound
health centre
FOUNDATION
Inspired Giving.
Keeping Hospital Care
Minutes from the Door.

Phone: (705) 746-4540 x 3347
Fax: (705) 773-4059
Toll Free: 1-888-262-0436
Email: foundation@wps hc.com

Letter of Promise – The Northern Angel Council

Donations Spread Our Wings.

The power of people who *promise* makes it possible for us to plan for the welfare of all.

I am / We are pleased to support the Northern Angel Council with an annual gift of
\$1,000 (or more) over 5 years or \$5,000 (or more) over 5 years.
Our two levels of membership come with benefits, ask us about them.
Your generosity keeps hospital care close to the cottage. Thank you!

My / our gift is \$_____ for 5 years.
After that time I will consider continued support.

Pledge will begin_____.

I am / We would prefer to make our donation:

- ☐ Automatic Withdrawals from my bank account (Please provide a VOID cheque)
- ☐ Post Dated Cheques (Please make cheque payable to the WPSHC Foundation)
- ☐ Visa ☐ Master Card ☐ American Express

Card Number_____Expiry Date _____

☐ Other _____

Please make my tax receipt in the name of (Please print):

Name_____

Address_____

City_____Prov _____PC _____

Home Phone_____Business Phone _____

Cell_____Email _____

☐ I wish to remain anonymous.

Signature_____Date _____