



NORTHERN ANGEL LETTER OF PROMISE

Angel: A person who is a source of comfort or aid; a kind, helpful or thoughtful person.

(Oxford English Dictionary)

A West Parry Sound Northern Angel? A donor who is inspired to give, knowing their donation will provide advanced health care to everyone in West Parry Sound.

YES, I am pleased to support the West Parry Sound Health Centre Foundation with my Northern

Angel Promise Gift of \$ _____ to be paid over five years starting

Annually:

Monthly:

Other (please

specify):

NO, I prefer to make a one-time donation to the West Parry Sound Health Centre Foundation of

\$ _____.

Name(s)

Address

Phone

Email

This Letter of Promise is made between the Donor and the West Parry Sound Health Centre Foundation (“the Foundation”), a non-profit health care foundation located in Parry Sound, Ontario.

In Appreciation: To honour your commitment, and to express the appreciation of the Foundation, your Northern Angel gift will be recognized as per the Foundation’s Donor Recognition Policy after the first promise gift payment has been received by the Foundation.

Communicating: The Foundation will share information on major projects and share the impact of Northern Angel donations with you throughout the year. Please contact the Foundation office at any time if you have questions or would like to arrange a tour of the West Parry Sound Health Centre.

Promise Gift Annual Update: The Foundation will notify you in writing of any upcoming gift payment dates and the balance remaining on your Northern Angel Promise, at least once per year.

Charitable Tax Receipts: The Foundation will issue your charitable tax receipt on December 31st every year.



**WEST PARRY SOUND
HEALTH CENTRE
FOUNDATION**

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**THE
NORTHERN
ANGEL
COUNCIL**



GIFT PAYMENT OPTIONS

PAD (Pre-Authorized Debit)

Account Holder's Name _____

Bank Name _____ Transit # _____ Institution # _____ Account # _____

Credit Card (please select)

Visa _____ Mastercard _____ Amex _____

Cardholder's Name _____

Card # _____ Expiry Date _____ Security Code (CVC) _____

From time to time your name may be listed on our Cascade of Caring Wall, or on our website.

Please check here if you wish to remain anonymous _____.

Deborah M. Loosemore, CEO
West Parry Sound Health Centre Foundation