

## **Monthly Donation – Credit Card**

Monthly giving is an easy and convenient way to provide ongoing support to fund equipment and other needs at Arnprior Regional Health (both the hospital and the Grove). You'll receive a tax receipt just once a year. You can change your support at any time by calling (613)623-3166 Ext. 362.

Contact Infor	mation:		
Name:			
(First)		(Last)	
Mailing Addre	ess (for tax receipt purpos	ses):	
(Apt) (A	Address)	(City)	
(Prov)	(Postal Code)	(Phone Number)	
Payment info	ormation (Visa or Master	Card):	
(Name on car	rd)	(Signature)	(Date)
(Card number)		/ (Expiry date)	
Donation Info	ormation:		
I would like to	o give a monthly gift of: \$		
Please direct	my donation to the follow	ving:	
Grove	Nursing Home Redevelo	pment	
Equip	ment Needs at the Hospit	al and the Grove	
Where	e the funds are needed m	ost	