



A \$1.6 million capital campaign for the continued growth of high quality patient Care within Cumberland County

Cumberland Health Care Foundation
19428 Hwy. 2, RR 6
Amherst, NS B4H 1N6

Phone: 902-667-5400 ext 6126
Fax: 902-667-6029
www.chcfoundation.com

I/We agree to invest in the future of the Cumberland Regional Health Care Centre.

I/We pledge the sum of \$ _____

Paid herewith \$ _____ Balance \$ _____

The balance will be paid as follows: \$ _____ 2006 \$ _____ 2007

\$ _____ 2008

My/our commitment will be paid: ___ Annually ___ Semi-annually

___ Quarterly ___ Monthly

Please send my reminders in _____ (month) of each pledge year

My/Our gift will be paid in the following manner: ___ Post-dated cheques
Credit Card (Visa/Mastercard)

Account # _____ Expiry _____

Receipt Schedule _____ One receipt per payment

_____ Consolidated receipts

The donation is to be publicly acknowledged in the name of

___ I/We wish the gift to be anonymous

The Cumberland Health Care Foundation respects your privacy. We do not sell, rent or exchange donor information.

___ I/We have made provisions for a legacy gift to the Cumberland Health Care Foundation. (if you wish, please share your provision with the Foundation in order that we may continue to provide additional information and recognition of your gift.)

Thank you for your generosity. This tax deductible gift will be used to fulfill the mission and vision of the Cumberland Health Care Foundation. Through this contribution you have made a commitment to Growing Care at the Cumberland Regional Health Care Centre.

Name _____

Corporation (if applicable) _____

Address: _____

Res. Tel () _____ Bus. Tel () _____ Fax () _____

Email: _____

Signature _____ Date _____

Cheques should be made payable to Cumberland Health Care Foundation. Securities should be endorsed and sent by registered mail to the foundation.

A portion of your gift can reduce income tax within the limits prescribed by law. This statement of intention shall not constitute a legal obligation to make this gift. You reserve the right to adjust or cancel it in the event of unforeseen circumstances.

Special Notes _____

Canvasser's Name: _____