



Please return this form by mail or fax to:
VGH & UBC Hospital Foundation
855 West 12th Avenue, Vancouver BC V5Z 1M9 Canada
Phone: (604) 875-4676 Fax: (604) 875-5433

First name: _____ Last name: _____

Address: _____

City/Prov/Postal Code: _____

Telephone #: _____ Email address: _____

Yes, I'd like to share in the spirit of giving! Please accept my gift of:

\$35 \$100 \$250 \$1,000 Other _____

Visa MasterCard American Express Cheque Money order

Card # _____ Expiry date _____

Signature _____ Telephone # _____

Please make cheques or money orders payable to VGH & UBC Hospital Foundation

I want to spread my giving out over the year! Please accept my ongoing monthly gift of:

\$10/month \$100 \$25/month Other \$____/month

On the 20th of each month, please debit my bank account (attach void cheque) and sign below OR charge my credit card (complete details and sign below).

Visa MasterCard American Express Cheque Money order

Card # _____ Expiry Date _____

Signature _____ Telephone # _____

Please direct my donation to:

Area of greatest need Other (please specify) _____

My gift is in honour of in memory of

(full name) _____

Please send notification of my gift to (full name & address): _____

Thank you for your gift!