



DONOR INFORMATION

Name of Donor: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Email: _____

Would you like to receive updates on the capital project? Yes No

Would you like to receive general communications about Brock CHC events, programs, etc.? Yes No

GIFT PAYMENT OPTIONS

I/We pledge a total gift of \$_____ over a 1-year period 2-year period
to the Brock Community Health Centre Capital Campaign and ongoing maintenance to the capital building.

My first pledge payment will be made on (DD/MM/YY) ____ / ____ / ____

My pledge will be made: 1 time in full Annually Semi-Annually Quarterly Monthly

METHOD OF PAYMENT

My/Our post-dated cheque(s) made payable to Brock Community Health Centre is/are enclosed.

I/We will make an electronic transfer.

Credit Card Type: Mastercard Visa

Credit Card Number: _____ Expiry: _____ CCV: _____

Name on Card: _____ Today's Date: _____

Card Holder Signature: _____

DONOR RECOGNITION

As a capital campaign donor, your name will appear on our donor wall (\$1000+), in our annual reports and may appear in related publications and on our website and social media.

Please use the following name(s): _____

I wish to remain anonymous.

Donor Signature

Date

DONOR NAMING OPPORTUNITY (for donations of \$5,000+)

Naming Opportunity Selected: _____

Please indicate how your name should appear for donor recognition purposes:

In Memory of _____

Please note that naming opportunities are based on a first-come, first-served basis. Confirmation will be sent to you regarding your naming opportunity choice.

Donor Signature

Brock CHC Representative

Date

Date

THANK YOU FOR YOUR SUPPORT!

Please fax your completed form to 705-426-4215 or scan and email form to scapelina@brockchc.ca or print and return by mail to the address located at the bottom of this document. An official tax receipt will be issued for your gift. Brock Community Health Centre respects your privacy. Our staff will always ensure to hold all donor information in strict confidence in accordance with all privacy legislations. Your name will be taken off any and all internal lists if you provide written request. If you have any questions about our Privacy Policy, your gift and/or our programs please contact Janet McPherson, Executive Director, Brock Community Health Centre at 705-432-3322 or by email at jmcpherson@brockchc.ca.