



room to Care

Help renovate a hospital room
for better hospital care.

If you have room to care, we need your help.

Date: _____

Name: _____

Address: _____

City: _____ Prov: _____

Postal code: _____ Telephone: _____

Email: _____

Total Pledge Amount \$ _____ Annual Pledge Payment: \$ _____

Pledge Period: _____ years Start Date: _____

I would like to fulfill my pledge via:

- Transfer of Stock or Securities *(please call the Mount St. Mary Foundation)*
- Preauthorized Payment Plan
\$ _____ monthly for _____ months, beginning _____ *(date)*
 - Automatic bank withdrawal *(please attach a void cheque)*
 - Post-dated cheques *(payable to Mount St. Mary Foundation)*
 - Visa/MasterCard/Amex

Credit Card #: _____ Expiry Date: ____/____/____

Signature: _____

I have enclosed a payment of \$ _____

- As a first installment. Please send me reminders
 - Annually
 - Semi-Annually
 - Quarterly
 - Monthly

Special Information for In Memory or In Honour Donations:

This donation is in memory of in honour of

Name of deceased / honouree: _____

Name of person to be notified of your donation: _____

Address of person to be notified (if you have it): _____

Thank you for your support!
Registered Charitable Tax Number: 88361-5809-RR0001

Please send your donation to:
Mount St. Mary Foundation
861 Fairfield Road
Victoria, BC V8V 5A9
T: 250-480-3138 | F: 250-480-3139
Web: www.msmfoundation.ca



Mount St. Mary
FOUNDATION