

Yes,
I want
to give
to the



I would like to contribute a monthly amount of \$ _____ TO BE DEDUCTED ON: 1st or 15th of the month

I would like to contribute a one-time gift of \$ _____

Name: _____ Telephone: _____

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

E-mail: _____

I have enclosed a cheque made payable to the Friends of The Moncton Hospital Foundation Inc.

I prefer to use my: VISA MasterCard American Express

Card Number: _____

Expiry Date (month/year): _____ Signature: _____

135 MacBeath Ave., Moncton, NB E1C 6Z8 Tel: 506-857-5488 Fax: 506-857-5753

Donate online at friendsfoundation.ca/donate

Charitable Registration: 11893 3134 RR0001

