



Bridge Benefactors

Monthly Donor Enrollment

Box 185
60 Main Street
Warkworth, ON
K0K 3K0
705-924-1222

Thank you for enrolling in The Bridge Hospice Foundation's monthly donor program! We are a registered charitable organization #747674331 RR0001. Upon receipt of your enrollment form, we will contact you to directly to confirm your details and express our gratitude. If you have any questions in the meantime, please do not hesitate to contact us.

Donor Name: _____

Address: _____ RR/PO Box: _____

Town/City: _____ Prov: _____ Postal Code: _____

Email Address: _____ Phone: _____

DONATION OPTIONS

VISA or MC #: _____ Exp: ____ / ____ CVC: _____

Online through Canada Helps: <https://www.canadahelps.org/thebridgehospicefoundation>

DONATION DETAILS

\$25 \$50 \$100 \$150 \$200 \$250 OR \$ _____

Beginning in _____ / _____ on the 1st OR 15th of each month
MONTH YEAR

For a period of: 1 year 2 years 3 years until I notify you to stop

DONATION PREFERENCES

I would like to make these donations in honour of: _____

Please send my ANNUAL receipt via: postal mail OR email

My signature below confirms my intention to donate to The Bridge Hospice Foundation (TBHF) as outlined above. I will contact TBHF directly if I wish to make any changes to my above request.

DATE

SIGNATURE

www.thebridgehospice.com/foundation | 705-924-1222 | donations@thebridgehospice.com

Thank you for supporting compassionate end-of-life care at The Bridge Hospice!