

MONTHLY GIVING CIRCLE

Becoming a Monthly Donor to the Trenton Memorial Hospital Foundation ensures that your generosity will provide the maximum impact.

Top 10 Reasons To Join

1. It puts your donation to work **faster!**
2. It provides a **predictable** source of monthly income.
3. It makes it easier for TMHF to **budget** and make short and long-term plans.
4. You help reduce administrative costs associated with processing gifts.
5. You can make **affordable** gifts monthly to achieve a higher gift annually.
6. You will save the time writing cheques and the cost of postage to mail them.
7. You decide the monthly amount and you can change it at any time.
8. Its **convenient!**
9. Its **easy!** All it takes is one signed form from you to make it happen.
10. It demonstrates your **ongoing commitment** to QH – Trenton Memorial.

How it Works:

Upon receipt of your form, we will withdraw your donation directly from your credit card or bank account and put it straight to work for **your** Hospital. If you ever need to change or cancel your contribution simply contact us at 392-2540 ext 5401 with no questions asked.

Our Pledge To You

The Trenton Memorial Hospital Foundation pledges to use your gift in the most efficient and effective way possible to support QH - Trenton Memorial.

- All equipment purchased is used at QH- Trenton Memorial.
- We pledge to keep administration costs as low as possible.
- All our finances are audited annually by an independent, certified public accountant.
- A volunteer Board of Directors makes all major decisions.
- All donations received are used to benefit QH-Trenton Memorial only.

THANK YOU FOR YOUR SUPPORT

By investing in the health of your family and community you can help purchase medical equipment for your Hospital that is urgently needed and not funded by the government.

Giving Category	Annualized	Weekly	Daily	In Perspective
\$125/month	\$1,500.	\$28.85	\$4.11	Weekly – Less than a movie and popcorn with a friend.
\$100/month	\$1,200.	\$23.08	\$3.29	Daily – Less than eating out for lunch each day.
\$75/month	\$ 900.	\$17.31	\$2.47	Daily – The cost of a coffee.
\$50/month	\$ 600.	\$11.54	\$1.64	Daily – Less than the cost of a newspaper.
\$25/month	\$ 300.	\$ 5.77	\$0.82	Daily – Less than a chocolate bar.
\$10/month	\$ 120.	\$ 2.31	\$0.33	Daily – Change you throw in a jar at the end of the day.

Yes! I authorize the Trenton Memorial Hospital Foundation to receive the following monthly gift of:

\$100 ___ \$50 ___ \$25 ___ \$10 ___ other \$_____ (per month)

Enclosed is a "VOID" **cheque** to arrange my gift through my bank account.

Please **charge** the amount specified above to my:

VISA/MASTERCARD/AMEX Card Number: _____ Expiry ___/___

Name: _____ (please print clearly)

Signature: _____ **Date:** _____

Address: _____ **City:** _____

PC: _____ **Tel.:** _____

A tax receipt will be issued annually. CRA # 11926 8860 RR0001

Please mail to:

Trenton Memorial Hospital Foundation
242 King St.
Trenton ON K8V 5S6