



**I would like to become a member of the GEM Club (Giving Every Month) with a gift of:**

\$10.00/month     \$25.00/month     \$50.00/month     Other: \$ \_\_\_\_\_ /month

**I would like my monthly gift to be designated to:**

Area of Greatest Need     Other \_\_\_\_\_

**I would like my gift to be deducted on the:**

1<sup>st</sup> of the month     15<sup>th</sup> of the month

**I would like my gift to be:**

In Memory of \_\_\_\_\_

In Honour of \_\_\_\_\_

**My preferred payment is:**

Automatic Bank Withdrawal – VOID Cheque enclosed     Credit Card – See info below

Mr.    Mrs.    Ms.    Miss

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Tel #** \_\_\_\_\_ **Email:** \_\_\_\_\_



**Name as it appears on card:** \_\_\_\_\_

**Card Number:** \_\_\_\_\_

**Expiry Date:** \_\_\_\_\_ **Security Code:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**I would like to sign up for the BGHF e-newsletter:**

Sign me up!

*Automatic payments can be cancelled at any time.  
To cancel, or if you have questions, call the  
Belleville General Hospital Foundation*

**(613) 969-7400 ext 2061**