

# Sustaining Supporter Program

Yes, I'll become a Sustaining Supporter and would like my donation distributed equally to the following charities/organizations:

Please select one or more of the following options:



100% of your donation goes towards the charities/ organizations of your choice. All funds stay in Northern BC.

## Thank You!



1475 Edmonton Street  
Prince George, BC • V2M 1S2

Telephone: 250.565.2515

Fax: 250.565.2595

Toll Free: 1.877.565.2515

[www.spiritofthenorth.bc.ca](http://www.spiritofthenorth.bc.ca)

Charitable Business No. 137869897



# Sustaining Supporter Program

Help us enhance healthcare and promote wellness throughout Northern BC.



# Help us enhance healthcare and promote wellness throughout Northern BC

## Become a Sustaining Supporter today!

Becoming a Sustaining Supporter is a convenient and affordable way to invest in the health of your community. Donating monthly allows you to budget your contribution and make a significant donation over the course of the year.

It is easy - your donation can be made automatically by electronic fund transfer from your chequing account or by credit card. Because they are automatic, monthly donations reduce overhead costs for the Spirit of the North Healthcare Foundation. This means more of your donated dollar goes directly to the cause - and this makes us all happy.



## Spirit of the North Healthcare Foundation

1475 Edmonton Street, Prince George, BC • V2M 1S2  
Telephone: 250.565.2515 • Toll Free: 1.877.565.2515

[www.spiritofthenorth.bc.ca](http://www.spiritofthenorth.bc.ca)

## Yes, I'll become a Sustaining Supporter and give automatically each month.

I would like a monthly gift of:

\$10    \$20    \$40    \$100

Other: \$ \_\_\_\_\_ Starting: \_\_\_\_\_ (mo/year)

### Optional:

I would like my donation distributed equally to specific charities/organizations (see reverse for options).

Full Name(s): \_\_\_\_\_

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

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Name(s) to be Recognized: \_\_\_\_\_

I hereby authorize the Spirit of the North Healthcare Foundation to arrange automatic monthly donations through my:

Chequing Account (electronic fund transfer).  
*Please enclose a cheque marked VOID.*

Credit Card:    Visa    MasterCard    AMEX

Card No: \_\_\_\_\_

Expiry: \_\_\_\_\_

I understand that I may cancel this authorization at any time by contacting the Foundation. Donations will be deducted on the 15th of each month.  
**Tax receipts are issued at the end of the calendar year.**

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

Date: \_\_\_\_\_

## One-Time Donation

I choose not to become a Sustaining Supporter at this time.  
I would, however, like to make a one-time donation of:

\$ \_\_\_\_\_

(Please complete the donor identification information above.)