

**YES! I want to contribute to health care, here in my community!**

DV

- I would like to receive information from PPHF by email, knowing I can unsubscribe at any time.

**Here is my one-time gift of:**

\$35  \$50  \$150  Other \$

I've enclosed my cheque made payable to Port Perry Hospital Foundation

I prefer to use my:  VISA  MasterCard  AMEX

Credit Card #

Expiry

/

Phone ( )

Email

*Please mail this card with your donation to the Foundation or **donate online** today at [www.pphfoundation.ca](http://www.pphfoundation.ca)*

**PORT PERRY HOSPITAL FOUNDATION**

451 Paxton Street, Port Perry, ON L9L 1L9

905.985.7321 ext. 5580 Charitable No. 89145 0843 RR0001

**YES! I want to contribute MONTHLY to health care, here in my community!**

**NOTE:** You can adjust or stop the monthly contribution at any time, by contacting Port Perry Hospital Foundation at [pphfoundation@lakeridgehealth.on.ca](mailto:pphfoundation@lakeridgehealth.on.ca). Monthly donations will be receipted for the full year in December of each year.

I would like to receive information from PPHF by email. *(I can unsubscribe at any time.)*

DV

*Please mail this card with your donation to the Foundation or **begin your monthly donation online** today at [www.pphfoundation.ca](http://www.pphfoundation.ca)*

**Each month I/we would like to give:**

\$15  \$20  \$30  I prefer to give \$

Please charge the above amount on or about the 15th of each month to my:  VISA  MasterCard  AMEX

Credit Card #  Expiry  /

Phone (  )  Email

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