



Clinton Public  
Hospital Foundation  
**Recurring Donation Form**

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

Donor's Name(s): \_\_\_\_\_

Name(s) to appear on Tax Receipt: \_\_\_\_\_

Mailing Address for Tax Receipt:

Street / Box: \_\_\_\_\_

Town: \_\_\_\_\_ Prov: \_\_\_\_\_ PC: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

---

Please choose the frequency of your recurring donation:

- Monthly Donation of \$ \_\_\_\_\_ on the \_\_\_\_ of each month
- Weekly Donation of \$ \_\_\_\_\_ beginning \_\_\_\_\_
- Biweekly Donation of \$ \_\_\_\_\_ beginning \_\_\_\_\_

Method of Payment (circle one):

- eTransfer (to [cph.foundation@hpha.ca](mailto:cph.foundation@hpha.ca) set up through your personal online banking)
- VISA / Master Card
- Pre-authorized Debit (additional form to be completed)

For Donations by Credit Card, please complete the following:

Name on card: \_\_\_\_\_

16 digit card #: \_\_\_\_\_

Expiry Date: M \_\_\_\_ Y \_\_\_\_\_

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

Additional Details:

\_\_\_\_\_

\_\_\_\_\_

Note: You will receive your official tax receipt at year end, unless you request on for each donation deposit.