

# Join the Club!

## St. Francis Circle Monthly Giving Club



Supporting the Needs  
of your Hospital  
the Easy Way

### St. Francis Memorial Hospital Foundation

PO Box 129  
7 St. Francis Memorial Drive  
Barry's Bay, Ontario  
K0J 1B0  
Tel: (613) 756-3045, ext 217  
Fax: (613) 756-0127  
www.sfmhosp.com  
E-mail: foundation@sfmhosp.com

### St. Francis Circle Monthly Giving Club

Charitable Registration No: 89453 4817 RR001

cut along this dotted line and return to the donation office



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

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

City: \_\_\_\_\_ Prov: \_\_\_\_\_

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

E-mail address: \_\_\_\_\_

**YES** I'll join the *St. Francis Circle Monthly Giving Club* and help the St Francis Memorial Hospital Foundation with their efforts to provide quality equipment for quality patient care. I am pleased to donate the following amount each month

- \$ 5.00 (\$60/yr)
- \$ 10.00 (\$120/yr)
- \$ 25.00 (\$300/yr)
- \$ 50.00 (\$600/yr)
- \$ 100.00 (\$1200/yr)
- \$ 250.00 (\$3000/yr)
- \$ \_\_\_\_\_ Other - you decide!

I've enclosed my annual gift of \$ \_\_\_\_\_

### Choose One Option:

#### 1. Credit Card

Visa  MasterCard

No.: \_\_\_\_\_

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

Signature X \_\_\_\_\_

#### 2. Automatic Bank Transfer

I authorize SFMH Foundation to receive the above amount from my chequing account on or about the 16<sup>th</sup> day of each month. My sample cheque marked "VOID" is enclosed.

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

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

#### 3. Post Dated Cheques

for the year are enclosed.

Through a planned gift such as a gift in your will or life insurance, you can make a donation that will live on for years to come.  
 I would like more information about planned gifts

The **St. Francis Circle Club** is a special group of individuals who commit to making a gift each month to help the needs of St Francis Memorial Hospital. Our Club is an easy way to spread your generosity over the entire year! And, your support will help St. Francis Memorial Hospital provide the best patient care.

### **Becoming a St. Francis Circle Club member:**

1. Decide on how much you'd like to give each month
2. Fill out the back page of this brochure and return it with a void cheque for your first month's gift
3. Send or drop off your form to the St. Francis Memorial Hospital Foundation in the return envelope
4. On or about the 16<sup>th</sup> of the month, your gift will automatically transfer to the Hospital Foundation. Your gift will continue until you notify us otherwise

It's that easy! And everyday, you help the patients of St. Francis Memorial appreciate quality services with state of the art equipment. Prefer to give once a year? You can also give a gift once per year at a time that is best for you.

### ***A little goes a long way!***

#### **Your Guarantee:**

You may alter or cancel your gift at any time by simply calling or writing the Foundation office.

**Don't forget to include a void cheque with your banking information.**

Thank you for becoming a member of the **St. Francis Circle Club!** Along with helping your hospital you will receive an annual tax receipt reflecting the total gift for the year

For assistance, please call the Foundation office 613-756-3045, ext 217.  
We'd be pleased to help you!

## **The Team Approach to Patient Care**



**Your monthly membership means so much to us and the patients we support**

### **Your monthly membership:**

- provides steady, dependable monthly income, which helps us plan more effectively for the future
- puts more of your money to work and helps reduce our administrative costs because you receive fewer mailings
- is affordable because you decide what amount suits you best according to your budget
- saves you time because you won't have to write a cheque or search for an envelope

## **How the Club works**

To join our **St. Francis Circle Club**, simply fill out the form on the reverse of this brochure and the amount you choose will be automatically withdrawn from your bank account or credit card each month. You can alter the amount of your gift or end this service any time by contacting the St. Francis Memorial Hospital Foundation office at 613-756-3044, ext 217. You can also use our website for online giving at [www.sfmhosp.com](http://www.sfmhosp.com).

With our special thanks, we'll send you a summary statement at the end of the year showing your total giving along with your tax receipt. Club members will also be invited to join us for our annual appreciation gathering.

**Thank you for your generosity!**

### **A Little Goes a Long Way!**

Your gift adds up quickly with monthly giving

\$ 5.00 per month = \$60.00 per year  
\$ 10.00 per month = \$120.00 per year  
\$ 25.00 per month = \$300.00 per year  
\$ 50.00 per month = \$600.00 per year  
\$ 100.00 per month = \$1,200.00 per year  
\$ 250.00 per month = \$3,000.00 per year

***It's your gift - You decide!***

### **What Other Donors Have Said**

*"Monthly giving gives us a sense of pride and ownership in our hospital. It is such an easy way for us to contribute and fits nicely within our budget, saving us from the one lump sum at the end of each year. We are pleased to be one of the founding members of the St. Francis Circle Monthly Giving Club!"*

Margaret & Bob Ogilvie  
Aylen Lake