

Primary Health Care Centre Campaign PLEDGE FORM

Please fax your completed form to (902) 825-5110 Or return by mail to the address located at the bottom of this document. You can visit www.middletonsmhf.ca to make a gift or pledge online. I / We would like to make a contribution of \$______to the Primary Health Care Centre Capital Campaign payable over_______years. **DONOR INFORMATION** Name of Donor: Province:_____Postal Code: _____ Phone #1______Phone #2 Email: Signature: Recognition Name: (Name to appear on donor listings, if different from above) ☐ I wish to remain anonymous. **GIFT PAYMENT OPTIONS** I / We pledge a total gift of \$_____over a_____period.

1 - 5 year (s) My first pledge payment will be made on (DD/MM/YY)_____/ My pledge will be made: □ 1 time in full □ Annually □ Semi-Annually □ Quarterly □ Monthly METHOD OF PAYMENT ☐ My / Our post-dated cheque (s) made payable to Soldiers Memorial Hospital Foundation is/are enclosed. ☐ I / We will make a gift of securities. (Please complete our separate "Gift of Securities Form")

TRIBUTES AND LEGACIES

| Tributes and Memorials: □ I/We would like this gift to be In Memory of | |
|---|------|
| ☐ I/We would like this gift to be In Honour of | _· |
| Estate Planning □ I have made a gift to Soldiers Memorial Hospital Foundation in my Estate | |
| \Box I would like more information on how to make a gift to Soldiers Memorial Hospital Foundation in my v | will |

THANK YOU FOR YOUR SUPPORT!

An official tax receipt will be issued for your gift. Soldiers Memorial Hospital Foundation respects your privacy. Our staff will always ensure to hold all donor information in strict confidence in accordance with all privacy legislations. Your name will be taken off any and all internal lists if you provide written request. If you have any questions about our NSHA Privacy Policy, your gift and/or our programs please contact us at foundation-smh@nshealth.ca or at the phone number listed below.

Soldiers Memorial Hospital Foundation PO Box 730, 462 Main Street Middleton, Nova Scotia B0S 1P0 Tel: (902) 825-4202/foundation-smh@nshealth.ca www.middletonsmhf.ca Charitable Business Number: 119155976RR0001