

I wish to make a Financial Pledge to
**Lake of the Woods District
Hospital Foundation**



Mr. Mrs. Miss Ms.

Name: _____ Email: _____

Address: _____

City: _____ Province/State: _____ Postal/Zip Code: _____

Telephone: _____

- I would like to make a financial pledge of \$_____ to Lake of the Woods District Hospital Foundation.
- I will complete my pledge in _____ payments over the course of _____ months/years
- My payment will be \$_____ every _____ weeks/months/years
- My payments will be made by credit card/cheque/EFT

Visa MasterCard Amex

CC Number _____ / _____ / _____ / _____ Expiry ____/____

By signing, I acknowledge my commitment and confirm that my pledge will be completed as detailed above.

Signature of donor _____ Date _____

Received at LWDHF by _____ Date _____

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hospitalfoundation@lwdh.on.ca • www.lwdhf.com

Charitable Registration (BN) #137105243 RR0001