



# GROVES HOSPITAL FOUNDATION

## PLEDGE FORM – TREES

Please email completed form to [lori@grovesfoundation.com](mailto:lori@grovesfoundation.com) or print and return by mail to the address in footer.

I / We would like to make a contribution of \$ \_\_\_\_\_ to Groves Hospital Foundation’s Equipment Fund payable over \_\_\_\_\_ years. My/our donation will be directed towards the naming of a tree in the Memorial Forest at Groves Memorial Community Hospital, to be planted in Spring 2022, and for the lifespan of the tree.

### DONOR INFORMATION

**Name of Donor:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Phone (Home):** \_\_\_\_\_ **Phone (Bus):** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Tree Type:** \_\_\_\_\_ **Tree Plaque Listing:** \_\_\_\_\_

### 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 Groves Hospital Foundation is/are enclosed.

I / We will pay by electronic fund transfer and have included a void cheque. Payments will be taken as indicated above.

I / We will make a gift of securities. (Please complete our separate “Gift of Securities Form”)

**Credit Card Type:**  Mastercard  Visa

**Credit Card Number:** \_\_\_\_\_ **Exp**  
**iry:** \_\_\_\_\_

**If this is a corporate card, please specify business name:** \_\_\_\_\_

**Name on Card:** \_\_\_\_\_ **Today’s Date:** \_\_\_\_\_

**Card Holder Signature:** \_\_\_\_\_

**THANK YOU FOR YOUR SUPPORT!**

An official tax receipt will be issued for your gift. Groves 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 a written request. If you have any questions about our Privacy Policy, your gift, and/or our programs please contact Lori Arsenault, Executive Director, Groves Hospital Foundation at 519-843-2010 ext. 47711 or [lori@grovesfoundation.com](mailto:lori@grovesfoundation.com).