



Enclosed is my gift of \$35 \$50 \$100 I prefer to give \$ _____

I would like to contribute a monthly amount of \$ _____ TO BE DEDUCTED ON: 1st or 15th of the month

Name: _____ Telephone: _____

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

E-mail: _____

I have enclosed a cheque made payable to the Friends of The Moncton Hospital Foundation Inc.

I prefer to use my: VISA Mastercard American Express


Card Number: _____ CVC: _____

Expiry Date (mm/yy): _____ Signature: _____

135 MacBeath Ave., Moncton, NB E1C 6Z8 Tel: 506-857-5488 Friends@HorizonNB.ca



 FriendsFoundation.ca/Donate

 506-857-5488

Let us know if you would like a confidential conversation or more information about gifts in Wills and legacy giving.

Charitable Registration: 11893 3134 RR0001

GIVING CHANGES CARE

We are grateful for you

