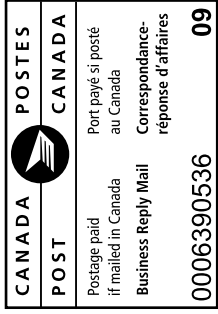
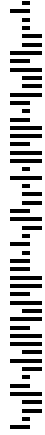


Your stamp is an added gift.



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PEACE ARCH HOSPITAL FOUNDATION
15521 RUSSELL AVE
WHITE ROCK BC V4B 9Z9



**PEACE ARCH
HOSPITAL
FOUNDATION**

The heart of a healthy community

15521 Russell Ave White Rock, BC V4B 2R4

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JOIN OUR SEA STAR CLUB WITH A MONTHLY GIFT

and support Peace Arch Hospital all year long



“
Do what you can,
with what you have,
where you are.”
[THEODORE ROOSEVELT]



JOIN OUR SEA STAR CLUB AND MAKE AN IMPACT ALL YEAR LONG.

Your monthly contribution is an easy way to spread your generosity over the entire year, helping us equip Peace Arch Hospital to provide quality care, close to home, for everyone in the community. Club members will also be invited to a special annual appreciation gathering where we can say thank you in person and celebrate your support.



GIVING HAS NEVER BEEN SO EASY.

- Small regular amounts, added up over time, make giving easier and help you plan your giving over the year. With monthly giving, it's easier to give a little more (and benefit from a larger tax receipt). For example, 12 gifts of \$10 may seem a lot more affordable than a single gift of \$120
- Choose a manageable amount to be automatically withdrawn from your chequing account or charged to your credit card each month
- Complete the attached form and return it to the Foundation office or sign up online at pahfoundation.ca
- To change, pause, or stop your payment at any time, simply contact the Foundation
- Each January, you will automatically receive a consolidated tax receipt for your previous year's giving
- 100% of your monthly gift will go towards its designated purpose – helping enhance the quality of health care, close to home

Tear here

I want to join the Sea Star Club

Dr. Mr. Mrs. Ms. Miss.

Name: _____ FIRST _____ LAST

Address: _____

City: _____

Prov: _____ Postal Code: _____

Phone: _____

Email: _____

Gift Information

*Your gift will be processed on the 15th of each month.

Monthly Gift (please select one):

\$10 \$15 \$20 \$25 Other \$ _____

Please direct my gift to

Area of Greatest Need
 Other (please specify): _____

Method of Payment

Pre-authorized debit
(please submit a VOID cheque with this form)

Visa MasterCard Amex Cash

Credit Card #: _____

Expiry Date: _____

Name on Card: _____

Charitable Business Number: 12731 1348 RR0001
4060-Monthly Donor

Peace Arch Hospital Foundation respects your privacy. The information you provide will be used to recognize your support and to keep you informed and up to date on the activities of the Foundation. We do not, under any circumstances, rent, sell, or trade our mailing lists.