



Sign me up for the 2021 Peace Arch Hospital Realtor Challenge!

PERSONAL INFORMATION – For tax receipting and personal recognition

Dr. Mr. Mrs. Miss. Anonymous (Donor Request)

First Name: _____ Last Name: _____

Business Name/website: _____

Address: _____

City/Province: _____ Postal Code: _____

Phone Number: Res:() _____ Bus:() _____ Cell:() _____

Email: _____

Real Estate Office: _____

Address: _____

WHAT YOU RECEIVE IN RETURN

For signing on as a participating member of the Community Real Estate Challenge, you receive a number of benefits for your generous gift:

- Charitable tax receipt for every dollar you donate, mailed directly to you.
- For your real estate signs, "Realtor Challenge" stickers indicating you are a participating member of the program. Membership logo for your website & social media.
- Cheque presentation opportunity
- Personal recognition in our Giving Circles when you reach \$1,000+ annual contributions, including wall recognition in the hospital lobby, as well as recognition in our bi-annual magazine, *Thrive*.
- Website, social media and press release promotion of the Realtor Challenge by PAHF.

YOUR COMMITMENT

I pledge the sum of \$ _____ per _____ (type of transaction) to Peace Arch Hospital Foundation's purchase of a new Ophthalmology microscope for the next 2+ months.

Effective date: ____/____/____ (dd/mm/yy)
and continue until: ____/____/____ (dd/mm/yy) or ONGOING

I understand that my participation is voluntary and I may cancel anytime. Payments are due monthly by the 10th for the previous month. Cheques can be made payable to **PAH Foundation** to the fax number or address listed below. Or head to our website, www.pahfoundation.ca/realtors → "Donate Now" at the bottom. **Make sure to include a memo/note "Realtor Challenge."**

SIGN HERE: Signature: _____ Date: _____

Please submit this form and/or questions to Elodie Egersperger at Peace Arch Hospital Foundation: elodie@pahfoundation.ca Fax: 604-541-5820 Phone: 604-535-4520

Consent to the collection, use and disclosure of my personal information: I consent to Peace Arch Hospital & Community Health Foundation collecting, using, processing, disclosing, acknowledging and reporting my personal information as required by law, in order to comply with all legal and regulatory requirements relating to my donation, and for the purpose of acknowledging my donation (unless I have indicated that I wish to remain anonymous). I give Peace Arch Hospital Foundation permission to contact me regarding future campaigns and events (unless I have indicated that I do not wish to be contacted in the future). I understand that Peace Arch Hospital & Community Health Foundation respects the privacy of its donors and will not sell, trade or publish and personal information to other organizations.

Thank you for your generous gift!

Peace Arch Hospital Foundation, 15521 Russell Avenue, White Rock, BC V4B 2R4 Phone: 604-535-4520
www.pahfoundation.ca Charitable Business #: 12731 1348 RR0001