

Just Imagine

In support of the "Just Imagine" campaign for the purchase of a CT Scanner for the benefit of all district residents.

I/We pledge the total sum of \$ _____ to be paid over ___ years (maximum 5).

Name:

Address:

Postal / Zip: Phone #

Signature:

Date:

Method of Payment:

Cheque (please make payable to Riverside Foundation for Health Care)

MC VISA Expiry Date

Card No.

Pre-authorized Chequing (please enclose a void cheque)

Debit Amount

(Monthly debit to commence on the 20th day of _____, _____)
Month Year

Please bill me:

Annually Semi-Annually Quarterly Monthly

Charitable Reg. #874326549RR0001

Saving lives.

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