



**We Are All
Soldiers'**

Name: _____

Address: _____

City: _____ Prov: _____ PC: _____

Phone #: _____ Email: _____

My campaign gift will support:

- Earlier, More Accurate Diagnosis
- Improved Surgical, Emergency and Critical Care
- Healthy Women, Babies and Children
- Better Care for Seniors
- Investing in our Healthcare Champions
- Emerging Areas of Greatest Need

Donation Amount: _____ One Time Gift Pledge for _____ years

My Preferred Payment Schedule is:

- Weekly Monthly Quarterly Yearly Other: _____

Amount: _____ Beginning Date: _____

Method of Payment:

- Cheque (Please make payable to: Soldiers' Foundation)
- Credit Card: _____ EXP: ____/____ CVV _____
- Gift of Securities (Please contact us for more information)
- Direct Debit (Please attach a VOID cheque)
- Online

Recognition:

- I would like my gift recognition to read: (max 46 characters)

- I prefer my gift to remain anonymous

Signature: _____

Date: _____