

# Your Hospital Lottery 2022 Ticket Purchase Form

North Bay  
Regional Health  
Centre Foundation



Fondation du Centre  
régional de santé  
de North Bay

Name:			
Address:			
City:		Postal Code:	
Home Phone:		Work Phone:	
E-mail:		Fax:	
I would like to	<input type="checkbox"/> Receive emails of biweekly winners	<input type="checkbox"/> Sign up for Foundation E-newsletter	
Signature:			Date:

## Please Select One of the Payment Options:

Option 1 <input type="checkbox"/>	I would like to pay \$99 by Cash. Bring cash to NBRHC Foundation office only 50 College Drive – Pod A2		
Option 2 <input type="checkbox"/>	Please find enclosed my cheque for \$99 made payable to: <b><i>NBRHC Foundation</i></b>		
Option 3 <input type="checkbox"/>	I would like to pay \$99 by:	<input type="checkbox"/> One payment	<input type="checkbox"/> Monthly payments (determined by # of months remaining in 2021)
	<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard	Card #:	Expiry Date:    /    /

Lottery Licence M846374

Web

## Please consider making a donation to your hospital today!

**YES! I will support my hospital.**

Enclosed is my **SINGLE** gift of:

\$10     \$20     \$100     My Choice \$ \_\_\_\_\_

I want to join the **iGive MONTHLY CLUB!**

Here is my **MONTHLY** pledge of:

\$10     \$20     \$100     My Choice \$ \_\_\_\_\_

### JOIN THE iGive MONTHLY CLUB

Your monthly contribution will add up to a large gift over time. Automatic payments help reduce administration costs leaving more of your donation dollars for this important work.

