

Your Hospital Lottery 2023 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			
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
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Option 2 <input type="checkbox"/>	Please find enclosed my cheque for \$99 made payable to: NBRHC Foundation
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Option 3 <input type="checkbox"/>	I would like to pay \$99 by:	<input type="checkbox"/> One payment
	<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard	
	Card #:	Expiry Date: /

Lottery Licence M852855

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.

