



ONE TIME DONATION

Charitable Registration Number: 861752889RR0001

YES... I would like to make a donation to Health Outreach

I include my cheque/payment made out to Health Outreach.

Name _____

Address _____

City _____ Province ____ PC _____

Enclosed is my donation of:

\$100.00 \$50.00 \$25.00 \$ _____

Bill My:

  

Card # _____

Expiry Date _____ / _____

Signature _____

E-mail _____

Date _____

You will receive a REVENUE CANADA CHARITABLE TAX RECEIPT for the amount of your donation.

CHECK HERE IF YOU WISH TO REMAIN AN ANONYMOUS DONOR IN OUR PUBLICATIONS



MONTHLY DONATION

Charitable Registration Number: 861752889RR0001

Our automatic monthly giving program is a convenient and easy way to support Health Outreach. A tax receipt for your total annual contribution will be mailed to you at the end of each calendar year.

YES... I want to join the Monthly Giving Program

I authorize the following amount to be deducted on the first(1st) day of each month:

\$50.00 \$25.00 \$10.00 \$ _____

Please charge my credit card every month:

  

Card # _____

Expiry Date _____ / _____

Signature _____

E-mail _____

Date _____