



west parry sound  
health centre  
**FOUNDATION**  
CARING FOR YOU  
IN COTTAGE COUNTRY  
6 Albert Street  
Parry Sound, ON P2A 3A4

Phone: (705) 746-4540 x 3348  
Fax: (705) 773-4059  
Toll Free: 1-888-262-0436  
Email: latkinson@wpshc.com

## Letter of Promise – The Northern Angel Council

### Donations Spread Our Wings.

The power of people who *promise* makes it possible for us to plan for the welfare of all.

I am / We are pleased to support the Northern Angel Council with an annual gift of \$1,000 (or more) over 5 years or \$5,000 (or more) over 5 years. Our two levels of membership come with benefits, ask us about them. Your generosity keeps hospital care close to the cottage. Thank you!

My / our gift is \$ \_\_\_\_\_ for 5 years.  
After that time I will consider continued support.

Pledge will begin \_\_\_\_\_.

I am / We would prefer to make our donation:

- Automatic Withdrawals from my bank account (Please provide a VOID cheque)
- Post Dated Cheques (Please make cheque payable to the WPSHC Foundation)
- Visa                                       Master Card                                       American Express

Card Number \_\_\_\_\_ Expiry Date \_\_\_\_\_

Other \_\_\_\_\_

Please make my tax receipt in the name of (Please print):

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Prov \_\_\_\_\_ PC \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Cell \_\_\_\_\_ Email \_\_\_\_\_

- I wish to remain anonymous.

Signature \_\_\_\_\_ Date \_\_\_\_\_