

# Yes! I will help improve the health of BC's children through monthly Sunshine Club donations.



I, as the account/card holder of the below account, authorize BC Children's Hospital Foundation to debit my account **for a donation in the amount of:**

\$ \_\_\_\_\_ per month.

**This donation is made on behalf of:**  an Individual  a Business

(Dr./Mr./Mrs./Ms./Mr. & Mrs.)

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

**Tax Receipt Issued To:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Prov:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Phone:** Home \_\_\_\_\_ Cell \_\_\_\_\_

**Email:** \_\_\_\_\_

**Please fill out only one of the two options below:**

## Donations by Credit Card:

**Form of Payment:** (Check One)  Visa  Mastercard  American Express

**Preferred charge date:**  1<sup>st</sup>  15<sup>th</sup>

\*Credit cards will be charged on the next business day if the scheduled date falls on a weekend or holiday.

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **Expiry** \_\_\_\_ / \_\_\_\_

## Donations by Debit from Bank Account (Please attach a VOID cheque):

**Name of Financial Institution:** \_\_\_\_\_

**Preferred charge date:**  1<sup>st</sup>  15<sup>th</sup> Other: \_\_\_\_\_ (Please specify day)

**Branch/Transit Bank Account Number:**

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

I understand that I can suspend my direct giving at any time, simply through a phone call or written notice to BC Children's Hospital Foundation. I also understand that my contribution is tax-deductible. A tax receipt will be issued to me at the beginning of the next calendar year. I acknowledge that delivery of this authorization to BC Children's Hospital Foundation constitutes delivery by me to the above-noted financial/credit institution.

I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

The **Sunshine Club** is a group of loyal individuals who are keeping hope alive for sick children every single day through their monthly support.

**Your monthly donations** are always allocated to where they'll do the most good for the most children. As a monthly contributor, you'll be supporting equipment purchases, research, and education.

### Benefits of the Sunshine Club:

Each month, we withdraw your donation directly from your bank account or credit card – it's that **easy and convenient!** And the money you help us save on administration costs means more children will benefit from your generosity.

**It's affordable!** A gift of \$20 a month is less than 65 cents a day. Best of all, we put your donation straight to work - saving lives.

Our **Welcome Package** will help familiarize you with our hospital and the miracles that happen here every day. Three times a year, you'll also receive our newsletter so you can read about some of the children you're helping through your support.

In February, **we'll send you a tax receipt** for the total year's amount of monthly donations. And you can change or cancel your support at any time with a simple phone call or written notice.

### Questions? Contact us:

604-875-2444 or 1-888-663-3033  
[www.bcchf.ca](http://www.bcchf.ca)

### Please return form by mail to:

BC Children's Hospital Foundation  
938 West 28<sup>th</sup> Ave.,  
Vancouver, BC V5Z 4H4

\_\_\_\_\_  
**Signature of Account/Card Holder(s)**

\_\_\_\_\_  
**Date**