

# 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 *OR* \$ \_\_\_\_\_ one-time

This donation is made on behalf of  AN INDIVIDUAL  A BUSINESS

DR  MR  MRS  MS  MR & MRS

PLEASE PRINT CLEARLY

LAST NAME

FIRST NAME

EMAIL

ADDRESS

CITY

PROVINCE

POSTAL CODE

TELEPHONE

## DONATIONS BY CREDIT CARD

FORMS OF PAYMENT  VISA  MASTERCARD  AMERICAN EXPRESS

PREFERRED CHARGE DAY  1st\*  15th\*

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

CREDIT CARD NUMBER

EXPIRY DATE

## DONATIONS BY DEBIT FROM BANK ACCOUNT

PLEASE ATTACH A VOID CHEQUE

NAME OF FINANCIAL INSTITUTION

PREFERRED CHARGE DAY  1st  15th  OTHER \_\_\_\_\_

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).

SIGNATURE OF ACCOUNT/CARD HOLDER(S)

DATE

**THE SUNSHINE CLUB** is a group of loyal individuals who play a big role in helping enhance children's health care through their monthly support.

**BY DONATING MONTHLY,** you provide a source of funds that we can count on as we plan ahead. That means we're able to dream bigger dreams and set bolder goals to ensure kids receive the very best care.

Monthly donations support everything from life-saving equipment and innovative research to programs that provide comfort when it's needed most.

## HOW IT WORKS:

- > When you sign-up we'll send you a welcome package to help familiarize you with the hospital and how your monthly support will help make a difference for BC kids. Twice a year we'll also send you Shine, our magazine that shares news on the latest research discoveries, interviews with health care providers, inspiring stories about our kids, and spotlights on our generous donors who help make these strides possible.
- > Each month, we'll withdraw your donation directly from your bank account or credit card and put it straight to work.
- > In February, we'll send you a tax receipt for the total amount of your annual donations.
- > You can change or cancel your support at any time—just contact us.



**QUESTIONS?**  
CALL 604.875.2444,  
1.888.663.3033  
OR EMAIL [info@bccchf.ca](mailto:info@bccchf.ca)

Please return form by mail to:  
BC Children's Hospital Foundation  
938 West 28th Avenue, Vancouver, BC V5Z 4H4

**BC Children's Hospital**  
Foundation