



flourish

The Trent Hills Wellness Campaign

LETTER OF INTENT

P.O. Box 1146,
39 Doxsee Avenue North,
Campbellford, ON K0L 1L0

705.653.2005
www.flourishcampaign.ca

I/We, _____, hereby pledge to
(Please print)

Flourish - The Trent Hills Wellness Campaign the sum of \$ _____.

I/We agree to pay this amount over a period of _____ years (maximum 5 years).

My installment will be made:

- Annually Quarterly
 Semi-Annually Monthly

Payment will be made by:

- Cash Cheque (see cheque payable info below***)
 Pre-Authorized Debit (Monthly)
 Please include a void blank cheque
 Credit Card Card# _____
 Visa MC Exp date: ____ / ____

Pledges will start on: _____
(Day / Month / Year)

My Gift shall be **designated** in the following manner (please use percentage)

- | | | |
|---|--|---|
| _____ % The Municipality of
Trent Hills* | _____ % Campbellford/Seymour
Community Foundation* | _____ % Campbellford
Memorial
Hospital** |
| <input type="checkbox"/> Recreation and Wellness Centre, Campbellford | <input type="checkbox"/> Warkworth Smart & Caring Community Fund | |
| <input type="checkbox"/> Accessible Arena Addition, Warkworth | <input type="checkbox"/> Hastings Smart & Caring Community Fund | |
| <input type="checkbox"/> Field House, Hastings | <input type="checkbox"/> Campbellford/Seymour Community Fund | |
| <input type="checkbox"/> Split Between Three Facilities | | |

*Make cheque payable to the Campbellford/Seymour Community Foundation. **Make cheque payable to the Campbellford Memorial Hospital Foundation.

My Gift shall be **designated** in the following manner (please use percentage)

Correspondence, receipts and reminders are to be sent to the address below:

Mr. Mrs. Miss Ms.: _____

Address: _____ P.O. Box: _____ R.R.#: _____

City: _____ Province: _____ Postal Code: _____

Telephone #: () _____ Date: _____

Signature: _____

I would like to subscribe to the *Flourish Campaign* e-mail contact list to receive information about the campaign, programs, services and events.

E-mail: _____

We will issue you tax receipt(s) for the total amount you contributed for the year.
Note: All fundraising activities adhere to the AFP Donor Bill of Rights and Imagine Canada Ethical Code.



Come for a visit. Stay for a lifestyle.

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CAMPBELLFORD/SEYMOUR
COMMUNITY FOUNDATION
Growing Our Community

705.653.2005
Martha Murphy
info@cscf.ca



CAMPBELLFORD
MEMORIAL HOSPITAL FOUNDATION

705.632.2014
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