

Yes!

Growing Our Care

CAPITAL CAMPAIGN



I wish to support Hawthorne Seniors Care Community's Growing Our Care Capital Campaign

Building our future on a tradition of trust.

Please subscribe me to receive campaign updates.

Name: _____

Mailing Address: _____

City: _____ Prov. _____ Postal Code: _____

Tel: _____ Cell: _____ Email: _____

I wish to make a total contribution of \$ _____, to be paid in (please check one box) :

- One payment (cheque enclosed or credit card number indicated below)
- Monthly installments of \$ _____ for 3 yrs *or* 5 yrs (please circle) *or* _____ yrs
** Please note: monthly installments can only be made by credit card, postdated cheques.*
- Annual installments of \$ _____ for 3 yrs *or* 5 yrs (please circle) *or* _____ yrs

DESIGNATION (please check one box)

- I would like to designate my contribution towards a naming opportunity. (Please contact office).

PAYMENT OPTIONS (please check one box)

- By cheque — reminders will be sent for annual installments
- Post-dated cheques enclosed
- First installment is enclosed *or* First installment will be on ____/____/____ (dd/mm/yyyy)
**Please make cheques payable to Hawthorne Seniors Care Community.*
- By (please circle) Visa / MasterCard
Card number _____ Expiry ____ / ____ (mm/yyyy) / CVV# _____
Name on the card _____ (3-digit number on back of card)

RECOGNITION (please check one box)

Gifts will be acknowledged in the renovated Hawthorne Lodge.
Naming opportunities are available.

- Please acknowledge my/our contribution as _____
** Please ensure you write the name as you wish to have it appear on the donor feature. 75 characters max (including spaces)*
- I wish my contribution to remain anonymous.

Signature _____ Date _____

In the event of changes to my personal circumstances, I understand that I may modify or cancel my pledge at any time.
All personal information held or collected by Hawthorne Seniors Care Community is protected under the federal Privacy Act.