



MEMBER REGISTRATION

YOUR INFORMATION

Title _____ First Name _____ Last Name _____
Address _____ City _____ Prov _____ PC _____
Telephone _____ Email _____

Name will appear as above for WLP recognition purposes unless advised otherwise. I wish my gift to be anonymous.

YOUR GIFT

Donation Amount: \$600/year (under 40 years) \$1,200/year (40+ years)
 One time Monthly (on the 20th of each month) Payment Type: Visa Mastercard Cheque Enclosed
(marked "VOID" for monthly donations)
 Other (SHA payroll deductions)
Credit Card # _____ Expiry _____ CSV _____
Name on Card _____
 My company will match my gift! Company Name: _____
Address _____ City _____ Prov _____ PC _____

THANK YOU!

A charitable tax receipt will be issued for donations of \$20 or more and once per year for monthly donations.
I affirm that entering my information above and submitting this form constitutes an electronic signature of this form
Date _____

RUH Foundation • 103 Hospital Drive • Saskatoon, SK S7N 0W8
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Charitable Registration No. 11927 9131 RR0001

