

Yes!

I want to join the *Circle of Friends* monthly giving program.

I authorize the Sturgeon Community Hospital Foundation to receive the following amount each month:

\$25 \$35 \$50 Other \$ _____

OR

I would like to make a one time donation of \$ _____

Please withdraw from my:

Visa MasterCard American Express

Card no: _____

Expiry: ____/____ Signature: _____

Phone Number: _____

Please direct my monthly gift to:

Where it's needed most Other _____

When you decide to support the Sturgeon Community Hospital Foundation by joining the *Circle of Friends*, your donation will be withdrawn from your credit card on the first of each month.

If you wish to change or cancel your authorization at any time, please contact the Sturgeon Community Hospital Foundation at 780-418-7361.

