



Monthly Giving Program

I authorize BC Women's Hospital & Health Centre Foundation to automatically withdraw: \$20 \$35 \$50 Other \$ _____
 from my bank account on the **1st** or **15th** (circle one) day of each month until further notice. I have enclosed a cheque marked VOID.

Signature _____

OR

Please debit my credit card   in the amount of: \$20 \$35 \$50 Other \$ _____
 on the **1st** or **15th** (circle one) day of each month until further notice.

Card Number

Expiry Date

Name of Cardholder _____ Signature _____

You will receive a tax receipt for the total amount of monthly gifts on an annual basis. You may cancel your pledge at any time.

Charitable Registration Number 890267537RR0001

BC Women's Hospital & Health Centre Foundation respects your privacy. We treat your personal information with respect. We do not rent, sell, or trade our mailing lists. The information you provide will be used to provide tax receipts and keep you informed of activities at Women's including programs, services, special events, and other opportunities to give. If at any time you want to be removed from our list, please contact us by telephone at 604-875-2270 or e-mail at info@womensfoundation.ca.

Compare Your Benefit

| | Sell Shares and Donate | Donate Shares* | Donate Flow-Through Shares |
|--|------------------------|----------------|----------------------------|
| Value of Donation | \$10,000 | \$10,000 | \$10,000 |
| Tax Cost on Capital Gain | (\$1,090) | \$0 | (\$1,090) |
| Tax Savings on Donation | \$4,370 | \$4,370 | \$4,370 |
| Tax Savings on Flow-Through | N/A | N/A | \$4,370 |
| Tax Savings on Investment Tax Credit | N/A | N/A | \$845 |
| Your \$10,000 Donation will only cost you | \$6,720 | \$5,630 | \$1,505 |

This is an example only. Consult your tax advisor to determine your personal giving strategy.

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