

# VON Oxford (Victorian Order of Nurses) Monthly Donation Form



Yes, I want to join the VON Oxford Monthly Donor Family!

Please complete the form and return by email to [oxfordgiving@von.ca](mailto:oxfordgiving@von.ca)  
or mail it to VON Oxford, 550 Ingersoll Ave, Woodstock, ON, N4S 4Y3

## Donor Contact Information

Mrs/Mr/Ms: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Name of Organization (corporate gifts only): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

For recognition purposes, I would like to be identified as: \_\_\_\_\_

## Donation Information

- I wish to make a donation to VON Sakura House Residential Hospice
- I wish to make a donation to VON Oxford Community Support Services
- Please direct my donation to a specific VON Program: \_\_\_\_\_
- \*I would like to make a Tribute or In Memoriam gift in honour of: \_\_\_\_\_  
\*if you are making a Tribute or In Memoriam gift, please provide the full address of the person you wish to honor so we may send a letter of acknowledgement:  
\_\_\_\_\_
- I agree to include my name as a monthly donor on our donor listing

## Monthly Donation Information

**Donation Amount: \$ \_\_\_\_\_ per month**

- I've enclosed a bank cheque marked VOID. I authorize the Victorian Order of Nurses to deduct the amount above on the 1st day of each month. I understand I may change or cancel my contribution at any time with written notice.\*\*

**OR**

- I authorize the Victorian Order of Nurses to deduct the amount above to my credit card on the 1st day of each month.

Please charge my VISA  MASTERCARD  AMEX

Card#: \_\_\_\_\_ Expiry date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

\*\* You have certain rights if any debit does not comply with this agreement. For further information on your right to cancel Pre-Authorized Debit Agreement and/or recourse rights, please contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca)

**VICTORIAN ORDER OF NURSES FOR CANADA | OXFORD**

550 Ingersoll Ave, Woodstock, ON, N4S4Y3 | 519 539 1231 | [www.vonoxford.ca](http://www.vonoxford.ca) | [www.vonsakurahouse.com](http://www.vonsakurahouse.com)

VON is accredited with Exemplary Standing by Accreditation Canada, Charitable Number: 11928 4776 RR0001