

Support Medicare's Watchdog Today !

I want to support the **Canadian Health Coalition** today by :

- Making a one-time donation; or
- Making an Automatic Monthly Donation

By choosing to make an Automatic Monthly Donation, I am authorizing the *Canadian Health Coalition* to automatically withdraw the following amount from my **chequing account** or my **credit card** every month. I understand that I can stop the *Automatic Monthly Donation* **at any time** simply by calling my bank.

OPTION #1 -- Chequing Account

Circle the amount of your one-time donation: **\$50** **\$100** **\$500** **\$1000** OTHER: _____

*Then send this completed form and a signed cheque made out to
Canadian Health Coalition (see address below)*

Circle the amount of your monthly donation: **\$10** **\$25** **\$50** **\$100** OTHER: _____

*Then send this completed form and a signed cheque marked "VOID" to
Canadian Health Coalition (see address below)*

OPTION #2 -- Credit Card

VISA **MasterCard** Card Number: _____

Expiry Date: _____

Signature: _____

Circle the amount of your one-time donation: **\$50** **\$100** **\$500** **\$1000** OTHER: _____

Circle the amount of your monthly donation: **\$10** **\$25** **\$50** **\$100** OTHER: _____

Send this completed form to:

**Canadian Health Coalition
2841 Riverside Drive
Ottawa, Ontario K1V 8X7**



PLEASE FILL OUT THE FOLLOWING INFORMATION:

Name: _____ Address: _____

Telephone: _____ Address: _____

Email: _____ Postal Code: _____

YES! Add my email to "**Medicare Watch**" so I receive updates on issues facing Medicare !!