

picture this

DIAGNOSTIC
IMAGING

In support of the **Picture This campaign** for the purchase of Diagnostic Imaging Equipment for the benefit of all district residents.

I/We pledge the total sum of \$ _____ to be paid over ___ years (maximum 3).

Name: _____

Address: _____

Postal/Zip: _____ Phone # _____

Signature: _____

Date: _____



Method of Payment:

Donate online by scanning this QR code with your smartphone's camera or visit www.riversidefoundation.ca/picturethiscampaign

Cheque (Make payable to Riverside Foundation for Health Care)

MC VISA Expires _____ CVV _____

Name on the card _____

Card No. _____

Pre-authorized Chequing (please enclose a void cheque)

Debit Amount \$ _____

(Monthly debit to start on the 20th day of _____, _____)
Month Year

Please bill me:

Annually Semi-Annually Quarterly Monthly

Charitable Reg. #874326549RR0001

THANK YOU FOR YOUR SUPPORT!