

2026



ONLY  
\$99

# Annual Hospital Lottery

Name:			
Address:			
City:		Postal Code:	
Home Phone:			
E-mail:			
I would like to	<input type="checkbox"/> Receive emails of biweekly winners		
Signature:			Date:

### Please Select One of the Payment Options:

Option 1 <input type="checkbox"/>	I would like to pay \$99 by Cash. Bring cash to NBRHC Foundation office only 50 College Drive – Pod A2
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Option 2 <input type="checkbox"/>	Please find enclosed my cheque for \$99 made payable to: <b>NBRHC Foundation</b>
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Option 3 <input type="checkbox"/>	I would like to pay \$99 by:	<input type="checkbox"/> One payment
	<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard	Expiry Date:    /    /
	Card #:	

Please note: we do not need your CVS/ Security Code.

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### Please consider making a donation to your hospital today!

**YES! I will support my hospital.**

Enclosed is my **SINGLE** gift of:

\$10     \$20     \$100     My Choice \$ \_\_\_\_\_

I want to join the iGive **MONTHLY CLUB!**

Here is my **MONTHLY** pledge of:

\$10     \$20     \$100     My Choice \$ \_\_\_\_\_

### Join the iGive Monthly Club!

Your monthly contribution will add up to a large gift over time. Automatic payments help reduce administration costs, leaving more of your donation dollars for this important work.

