

## Sweetgrass Monthly Giving Circle

I would like to support Indigenous health in Toronto every month.

\$12  \$15  \$18  \$24  \$36  Other \$ \_\_\_\_\_

Chequing account (I've enclosed a cheque marked "Void" to begin my automatic monthly contributions.)

From My Credit Card:      

**Guarantee:** You can alter or cancel your monthly contributions at any time by contacting Anishnawbe Health Foundation.

Card #: \_\_\_\_\_ Expiry: \_\_\_\_\_

Donor Name: \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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

Phone: \_\_\_\_\_



Anishnawbe  
Health  
Foundation

225 Queen Street East, Toronto, ON M5A 1S4  
T. 416.657.0379 F. 416-657-3436  
foundation@ahf.ca supportanishnawbe.ca  
Charitable Business Number: 84999 1914 RR0001