



## DONATION FORM

### DONOR INFORMATION:

Name (*first and last names*): \_\_\_\_\_

Company Name (*if applicable*): \_\_\_\_\_

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

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

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

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

Receipt to: \_\_\_\_\_

Receipt Address (*if different from above*): \_\_\_\_\_

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

### I WOULD LIKE TO DONATE:

Monthly donation  \$100  \$50  \$25  \$ \_\_\_\_\_ (*other amount*)

Single donation  \$1000  \$500  \$100  \$50  \$25  \$ \_\_\_\_\_ (*other amount*)

### METHOD OF PAYMENT:

Credit Card:  MasterCard  Visa

Cardholder's Full Name: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Expiry Date: \_\_\_\_ / \_\_\_\_ (*mm/yy*)

Cheque - for a monthly contribution, please send a voided cheque  
- for a single donation, please make the cheque payable to St. Mary's Hospital Foundation

Cash

### PLEASE DIRECT MY GIFT TO:

Please direct my gift to the area of greatest need

Other (*specify*): \_\_\_\_\_

MY GIFT IS  IN MEMORY OF  IN HONOUR OF: \_\_\_\_\_

MESSAGE: \_\_\_\_\_

### PLEASE SEND ACKNOWLEDGEMENT OF MY GIFT TO:

Name (*first and last names*): \_\_\_\_\_

Company Name (*if applicable*): \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Language:  French  English

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

Charitable organization # 11918 9108 RR001

*heartfelt thanks*