



DONATION FORM

DONOR INFORMATION:

Name (first and last names): _____

Company Name (if applicable): _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Fax: _____ Email: _____

Receipt Address (if different from above): _____

City: _____ Province: _____ Postal Code: _____

I WOULD LIKE TO DONATE:

Monthly donation: \$100 \$50 \$25 \$ _____ (other amount)

Single donation: \$1,000 \$500 \$100 \$50 \$25 \$ _____ (other amount)

Method of payment:

Credit Card: MasterCard Visa Amex

Cardholder's Full Name: _____

Credit Card Number: ____ / ____ / ____ / ____ Expiry Date: ____ / ____ (mm/yy)

Cheque — for a single donation, please make the cheque payable to **St. Mary's Hospital Foundation**
for a monthly donation, please call our Foundation office at 514.734.2694

Cash

Gift designation:

Please direct my gift to St. Mary's 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: Français English

Email: _____

Charitable organization # 11918 9108 RR0001

heartfelt thanks