

Donation Form – Select A or B

A. One-time donation of \$ _____

Payable by: Cash Cheque

Credit card : Visa Mastercard American Express Credit card #: _____

Expiry date: _____ Signature: _____

B. A total gift of \$ _____ With _____ payments made over _____ months _____ years.

Payable by: cash post dated cheques other*

Pre-authorized bank payment (include a void cheque)

Credit Card : Visa Mastercard American Express Credit card #: _____

Expiry date: _____ Signature: _____

* Please contact our coordinator to make arrangements for payments

Please direct my gift to: immediate needs to the Foundation

In memory of _____

In celebration of _____

Donor's Name: _____

Mailing address: _____ City: _____

Province: _____ Postal Code : _____ Telephone : _____

A RECEIPT WILL BE ISSUED FOR DONATIONS OF \$20 OR MORE

If you want the foundation to send a notification of your gift, please complete this form:

Name: _____

Mailing address: _____

City: _____ Province: _____ Postal Code: _____

You can bring this form to the hospital central reception or send by mail to:

La Fondation de l'Hôpital Notre-Dame Hospital, Hearst Ontario
P.B. Box 8000, Hearst, Ontario P0L 1N0 or by fax at 705.362.2923