



FONDATION DE  
L'HÔPITAL  
ST. MARY

ST. MARY'S  
HOSPITAL  
FOUNDATION



## 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**  
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*