

GENERAL DONATION

Donor Mr. Mrs. Ms. Miss _____ Date: _____

Name _____

Address _____

City _____ Province _____ Postal code _____

Telephone _____ E-mail : _____

I would like my gift directed to:

- Wakefield Memorial Hospital
- Centre d'hébergement La Pêche (La Pêche Nursing Home)
- CLSC
- Priority needs

OPTION 1 - Single donation

\$50 \$75 \$100 \$200 I prefer to give \$ _____

OPTION 2 - I prefer to join the monthly giving plan

My monthly contribution :

\$10 \$15 \$20 \$30 Other \$ _____ (minimum \$5/month)

- I am authorizing a debit on my Visa/MC between the 10th & 15th of each month
Starting date : _____ / _____ (month/year)
- I am making my donation with a series of postdated monthly cheques

Payment Method

My cheque or money order is enclosed as specified above for a single or monthly gift
Please make cheques payable to the **Des Collines Health Foundation**

I prefer to donate with my Visa or MC card as specified above for a single or monthly gift
Visa / MC # _____ Expiry _____ / _____

Cardholder _____ Signature _____

A tax receipt is requested (for donations of \$20 or more). Donors on the monthly plan will receive a tax receipt for the total amount once a year in December.

Please return this form and your donation to the Des Collines Health Foundation
Mail: P.O. Box 118, Wakefield, QC J0X 3G0 **Tel: 819-459-1112 ext. 2700**
Email: info@fsdc-dchf.ca **Fax : 819-459-1148**