

TRIBUTE DONATION

Donor

Personal Donation

Company Donation

Mr. Mrs. Ms. _____

Name _____

Company Name _____

Address _____

City _____ Province _____ Postal code _____

Telephone _____ E-mail : _____

I would like to make a donation

In memory of In honour of Name _____

Commemorative occasion _____

Please send an acknowledgement of my gift to:

Name _____

Address _____

City _____ Province _____ Postal code _____

Relationship with the person to whom you are paying tribute _____

Please note: A list of donors will be sent to the family, but the individual donation amount is confidential.

I would like my gift directed to:

Wakefield Memorial Hospital *

Centre d'hébergement La Pêche (La Pêche Nursing Home)

CLSC

Priority needs

I would like to make a donation of

\$35 \$50 \$75 \$100 I prefer to give \$ _____

Payment Method

My cheque or money order is enclosed as specified above. Please make cheque payable to the **Des Collines Health Foundation**

I prefer to donate with my Visa/MC card as specified above

Visa / MC # _____ Expiry _____/_____

Cardholder _____ Signature _____

I would like a personal tax receipt (for donations of \$20 or more) Yes No

I would like my gift to be anonymous Yes No

*Tribute donations directed to the hospital are placed in the foundation's endowment fund

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