

# MAKE A DONATION

## Healthcare *for Life.* Here.

### THIS GIFT IS FROM

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Province \_\_\_\_\_

Postal Code \_\_\_\_\_

Home Number ( ) \_\_\_\_\_

Business Number ( ) \_\_\_\_\_

Email \_\_\_\_\_

### MY GIFT

Please accept my gift today of \$ \_\_\_\_\_ CDN

I am interested in contributing further to Huntsville Hospital Foundation by giving \$ \_\_\_\_\_

Monthly  Quarterly  Annually beginning in \_\_\_\_\_ (processed on the 22<sup>nd</sup> of the month)  
MONTH

### Please charge my

MasterCard  VISA Card No. \_\_\_\_\_ Expiry Date \_\_\_\_\_  
Name on Card \_\_\_\_\_

**Forward a cheque payable to:** Huntsville Hospital Foundation 4-100 Frank Miller Dr Huntsville, ON P1H 1H7

### I would like my gift to support:

Area of Greatest Need or  My special area of interest is: \_\_\_\_\_

I/we understand that this gift will be publicly recognized (names only). My/Our recognition name(s) is different than above and wish to be recognized with the following name(s) (e.g. *John & Jane Doe*):  
\_\_\_\_\_

### TRIBUTE GIFT - I wish to give a gift in Memory or in Honour of someone special

In Memory or  In Honour \_\_\_\_\_  
NAME OF PERSON

### Please send an acknowledgement card to the following

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Province \_\_\_\_\_

Postal Code \_\_\_\_\_

Relationship to honouree \_\_\_\_\_

Notes \_\_\_\_\_

### I am interested in learning about giving through:

My Will  Life insurance Policies  Gifts of Securities  RRSP

**Please complete form and return by mail, fax or email.**

4-100 Frank Miller Drive Huntsville ON P1H 1H7

T: 705.789.4756 | F: 705.789.GIVE (4483) | E: hhfoundation@mahc.ca

Charitable Business Number: 89371 5292 RR0001

**Charitable tax receipts will be issued for donations greater than \$10.00**

