



*Continuing to support Huntsville District Memorial Hospital
and Burk's Falls & District Health Centre*

HUNTSVILLE DISTRICT MEMORIAL HOSPITAL FOUNDATION

GENERAL DONATION

Make a general donation with either a one time payment, or provide ongoing support through monthly giving. Our monthly withdrawals are done on the 25th of each month.

Name

Address

City

Province

Postal Code

Telephone Number

One Time Donation Amount

Monthly Giving Amount

Commence Giving Date

Payment By

- Cheque (Please make cheques payable to HDMH Foundation)
- MasterCard
- VISA

Card #

Expiry Date

Cardholder Name

Signature

Gift Acknowledgement

- I/we understand that we will receive a charitable tax receipt and that my/our gift will be recognized and wish that it be recognized with the following name(s) (e.g. John & Jane Doe or you may request to remain anonymous):

Please contact me about

- Planned giving
- Volunteering
- I have made provisions for the Huntsville District Memorial Hospital Foundation in my will.
- Gifts in kind
- Financial statements

What led you to donate today ?

Please print and fax or mail to:

Huntsville District Memorial Hospital Foundation
4-100 Frank Miller Dr Huntsville, ON P1H 1H7
FAX: 705-789-0073