



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

HUNTSVILLE DISTRICT MEMORIAL HOSPITAL FOUNDATION

## TRIBUTE GIFT

Thank you for choosing to make an in Memory or in Honour donation. We will send notification of your gift to the family to the address you provide below.

This donation is  In Memory or  In Honour **Name of person** \_\_\_\_\_

### This Gift is from;

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

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

Telephone Number \_\_\_\_\_

One Time Donation Amount \_\_\_\_\_

### 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 send notification to the family at this address

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

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

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