

MAKE A DONATION

I am pleased to donate to the Huntsville Hospital Foundation in support of medical equipment to enhance patient care at the
Huntsville District Memorial Hospital

THIS GIFT IS FROM

Date _____

Name _____

Address _____

City _____

Province _____

Postal Code _____

Home Number () _____

Business Number () _____

Email _____

MY GIFT

Please accept my gift today of \$ _____

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

Monthly Quarterly Annually beginning in _____ (processed on the 26th of the month)
MONTH

Please charge my

MasterCard VISA Card No. _____ Expiry Date _____

Name on Card _____

Or you can send your cheque 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 it be recognized with the following name(s) (e.g. John & Jane Doe or remain anonymous):

I wish to give 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



Huntsville District Memorial Hospital Foundation

TEL: 705.789.4756 hdmhfoundation@mahc.ca

Charitable Business Number: 89371 5292 RR0001

Please complete and fax to 705-789-0073. Charitable tax receipts will be issued for donations greater than \$10.00