

DONATION

GIFT AMOUNT \$ _____

I am pleased to support Huntsville District Memorial Hospital by making a donation today to the HDMH Foundation. Charitable tax receipt will be issued for donations greater than \$10.00.

THIS GIFT IS FROM;

Name :

Address:

City :

Province:

Postal Code

Home Number:

Business Number:

Email:

Signature

Date

GIFT ACKNOWLEDGEMENT

- I/we understand that this gift will be publicly recognized (names only). My/Our recognition name(s) are different than above and wish that it be recognized with the following name(s) (e.g. John & Jane Doe or you may request to remain anonymous):

TRIBUTE GIFT

This donation is In Memory or In Honour _____

NAME OF PERSON

Please notify the following of my gift (*not including amount*)

Name

Address

City

Province

Postal Code

PAYMENT BY

Cheque (Please make cheques payable to HDMH Foundation)

MasterCard

VISA

Card No.

Expiry Date

Thank you. Please return this form to:
Huntsville District Memorial Hospital Foundation
4-100 Frank Miller Dr Huntsville, ON P1H 1H7

TEL: 705-789-4756 FAX: 705-789-0073 EMAIL: hdmhfoundation@mahc.ca

