

SPHHF DONATION FORM

Donation Amount: \$ _____

Cheque

Cash

Credit card (see below)

I would like my gift to go to:

Greatest Need

Palliative Care

Long-term Care

Acute Care

Therapies and Gardens

Other : _____

Credit Card

Visa

MC

Amex

Other: _____

Credit Card # _____

Exp Date: _____

Name on Card: _____

Your Info

First Name: _____ Last Name: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Phone: _____ Email: _____

Would you like to receive the occasional update? Yes No

This gift is a tribute:

In Memory

In Honour

In Celebration

Tribute for: _____

Notification to:

Name: _____

Full address: _____

Message:

For Office use only

Fund Name & ID	Appeal ID	Campaign ID
RE #:		