

SPHHF DONATION FORM

Donation Amount: \$ _____

Cheque cash credit card- see below

I would like my gift to go to:

High priority needs – our “Ever Ready”
Campaign

Long-term Care

Therapies and Gardens

Palliative Care

Acute Care

Areas of greatest needs

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 #:		