



# Donation Form

## Donor Information

Title:  Mr.  Mrs.  Ms  Miss  Dr.

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Will today's donation be made on behalf of a business?  Yes  No

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

I would like to be contacted by the Mental Health Foundation by email about opportunities to support our hospital's programs and services.

## Donation Information

Gift Type:  One Time  Monthly\*  Annually

Donation Amount: \_\_\_\_\_

\$ \_\_\_\_\_ per year for \_\_\_\_\_ years

\$ \_\_\_\_\_ per month for \_\_\_\_\_ months

Method:  Cash  Credit Card  Cheque\*\*

Credit Card Type:  Visa  Mastercard  AMEX

Name on Card: \_\_\_\_\_

\_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

CVC (3 digit code on back of card): \_\_\_\_\_

\* The Mental Health Foundation will deduct this amount from your bank account or credit card on the first day of each month.

\*\* Please make cheques payable to the Mental Health Foundation.

## Other Information

What led you to donate today?

Mail  Advertising  Web  Doctor/Caregiver  Other

Is this a tribute gift?

In Memory of  In Celebration of

Name: \_\_\_\_\_

Please provide next of kin contact information for memorial gifts:

Title:  Mr.  Mrs.  Ms  Miss  Dr.

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

*The Mental Health Foundation respects your privacy. We handle your gifts with care – we do not rent, sell or trade our donor's names. The information you provide will be used to inform you of the activities of the Mental Health Foundation, including programs, services, publications, special events and fundraising activities. If, at any time, you wish to be removed from any of these contacts, please phone us at (780) 342-7718, and we will gladly accommodate your request.*

*The Mental Health Foundation issues tax receipts for gifts of \$25 or more, or upon request.*

