

**CENTRE GREY HEALTH SERVICES FOUNDATION**

PO Box #406 Markdale ON N0C 1H0

Tel: (519) 986-3040 x 6178 Email: jedwards@cghsfoundation.com

**DONATION FORM**

Charitable Registration No. 890634025RR0001



ADMIN USE	RECEIVED BY
DATE: DAY / MTH / YEAR	INITIALS

<b>DONOR INFORMATION:</b> TITLE: _____ FIRST NAME: _____ LAST NAME: _____																									
ADDRESS: _____ PO BOX #: _____ TOWN: _____ PROV : _____																									
POSTAL CODE: _____ EMAIL: _____ TEL: ( _____ ) _____																									
<b>AMOUNT OF DONATION:</b> <div style="border: 1px solid black; padding: 5px; display: inline-block; width: 150px; height: 30px; text-align: center; vertical-align: middle;">\$</div>	<b>RECEIPT REQUIRED:</b> <input type="radio"/> NO <input type="radio"/> YES																								
<b>METHOD OF PAYMENT:</b> <input type="radio"/> <b>Cheque</b> Payable to Centre Grey Health Services Foundation <input type="radio"/> <b>Cash</b> <input type="radio"/> <b>Credit Card</b> - Please complete credit card section below																									
<b>TYPE OF DONATION:</b> <input type="radio"/> A General Donation <input type="radio"/> In Memory Of: _____ <input type="radio"/> In Honour Of: _____	<b>ACKNOWLEDGEMENT:</b> Would you like the Foundation to send one for you? <input type="checkbox"/> YES – TO WHOM: _____ THEIR ADDRESS: _____																								
<b>CREDIT CARD INFORMATION:</b>																									
<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;"> <table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <p style="text-align: center; margin: 0;">CREDIT CARD NUMBER</p> </div> <div style="border: 1px solid black; padding: 2px;"> <table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td></tr> </table> <p style="text-align: center; margin: 0;">EXPIRY DATE</p> </div> </div>																								
NAME ON CARD: _____ CARDHOLDER SIGNATURE: _____																									
<small>WE VALUE YOUR PRIVACY: Centre Grey Health Services Foundation does NOT sell, trade or share its mailing lists. The information you provide will be used to keep you informed about the activities of the CGHSF, including services, special events, opportunities to give and more. If at any time you wish to be removed from any of these communications, contact us at (519) 986-3040 ext. 6178 or 6153 or via e-mail at jedwards@cghsfoundation.com. Please allow 15 business days to update our records.</small>																									

**Please send your form by MAIL to:**  
Centre Grey Health Services Foundation  
55 Isla Street PO Box #406  
Markdale ON N0C 1H0

**If you wish to EMAIL your form, please scan and send to**  
Jennifer Edwards, Foundation Coordinator:  
**jedwards@cghsfoundation.com**

*Thank you!*