



CENTRE GREY
HEALTH SERVICES
FOUNDATION

DONATION FORM - *Centre Grey Health Services Foundation*

ADMIN USE ONLY

DATE: _____ RECEIVED BY: _____
DAY/MONTH/YEAR INITIALS

DONATION IS FROM: _____

RECEIPT REQUIRED: YES NO

WHO DOES THE RECEIPT GO TO? SAME AS ABOVE *DIFFERENT

AMOUNT OF DONATION: \$ _____

*PROVIDE NAME & ADDRESS: _____

ADDRESS: _____ **CITY:** _____

PROV/POSTAL CODE: _____ **PHONE:** (____) _____ **EMAIL:** _____

THIS DONATION IS: A General Donation In Memory Of: _____ In Honour Of: _____

PLEASE SEND AN ACKNOWLEDGEMENT FROM THE FOUNDATION OFFICE: NO YES - **TO WHOM:** _____

THEIR ADDRESS: _____ **CITY:** _____ **PROV/POSTAL CODE:** _____

METHOD OF PAYMENT: CASH CHEQUE CREDIT CARD: _____ / _____

WE VALUE YOUR PRIVACY

Centre Grey Health Services Foundation (CGHSF) does NOT sell, trade or share our 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.

CARD NUMBER

EXPIRY DATE MTH/YEAR

NAME ON CARD

CARDHOLDER SIGNATURE

PLEASE MAIL TO:

Centre Grey Health Services Foundation
55 Isla Street PO Box 406
Markdale ON N0C 1H0

FAX: (519) 986-4562