

To send a donation to the Port Perry Hospital Foundation, please print and completely fill in this form (the information is required for receipting purposes) and mail it to:

Port Perry Hospital Foundation
451 Paxton Street
Port Perry, ON L9L 1L9

NAME

ADDRESS

CITY

PROVINCE

POSTAL CODE

()

TELEPHONE

EMAIL ADDRESS

Here is my gift of: \$ _____ (Please make cheque payable to the Port Perry Hospital Foundation)

I prefer to give by: Visa MasterCard American Express

CARD NUMBER

EXPIRY

SIGNATURE

If your donation is a memorial gift, please complete the section below:

IN MEMORY OF:

FIRST NAME

LAST NAME

ACKNOWLEDGEMENT CARD TO BE SENT TO

ADDRESS

CITY

PROVINCE

POSTAL CODE

TELEPHONE

Thank you for your support.