

DONATION FORM

Please return to 451 Paxton Street,
Port Perry, ON L9L 1L9



Our Circle of Gratitude Program provides you and your loved ones a chance to recognize a member of the Port Perry Hospital team for their excellence in service and care.

In addition to your donation supporting care for others, the special staff member of our choice will receive a personalized message from you, as well as an exclusive Circle of Gratitude pin as a reminder of your appreciation. In the case of a team, unit or group, a certificate will be provided in lieu of pins.

Please make my donation in appreciation of: _____
(name of doctor, nurse, volunteer, administrator)

Department or area: _____

I am grateful because: _____

With thanks, from: _____

PERSONAL INFORMATION: For income tax receipting purposes

Mr. Mrs. Dr. Ms. Mr. & Mrs. Other Title: _____

Donor Name

Spouse/Partner Name

Street AddressCity/Town.....

Province.....Postal Code.....Phone (mobile).....

E-Mail Address Phone (home).....

GIFT INFORMATION

Gift Amount \$ _____ This is a one-time gift

I would like to give the above amount monthly ***

PROCESSING DETAILS

Cardholder's Name _____

Card Type: VISA MasterCard American Express

Card Number _____ Expiry Date _____

I have enclosed a cheque with this donation form

***If you have used this form to become a monthly donor, thank you. You will be receipted at year-end for your year's gift total. You may adjust or stop your gifts at any time by contacting our office. For all inquiries, please contact Ann Florence at 905-985-7321 ext 5580 or aflorence@lakeridgehealth.on.ca

Charitable Registration Number 89145 0843 RR0001.

THANK YOU for your support of health care for our community!