

# HOLIDAY DONATION FORM

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

## PERSONAL INFORMATION:

For income tax receipting purposes

Mr.  Mrs.  Dr.  Ms.  Mr. & Mrs.  Other Title: \_\_\_\_\_

Donor Name .....

Spouse/Partner Name .....

Street Address .....City/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 \_\_\_\_\_ CVC# \_\_\_\_\_ Expiry Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
3-digit number

I have enclosed a cheque with this donation form

To help us better serve our community, please indicate what inspired you to give today:

.....

## IS YOUR GIFT A MEMORIAL AND HONOURARIUM DONATION? If yes, complete below.

MEMORIAL TRIBUTE \_\_\_\_\_  
Name of tribute (deceased person)

IN HONOUR of \_\_\_\_\_ / \_\_\_\_\_  
Name Record reason for honouring this person: Birthday, anniversary, etc.

Please provide contact information for the memorial gift next-of-kin OR donation honouree you would like us to notify of your gift. (Gift amount will remain confidential)

Name .....

Mailing Address .....

and/or E-Mail Address ..... Phone .....

\*\*\*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 the Foundation office at 905-985-7321 X 45581 or [rag noluzzi@lh.ca](mailto:rag noluzzi@lh.ca).

Port Perry Hospital Foundation Charitable Registration Number 89145 0843 RR0001

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

