



DONOR INFORMATION

First Name	Last Name
Address	City
Province	Postal Code
Telephone	Email

TYPE OF DONATION

I would like to make a **MONTHLY DONATION** (pre-authorized credit card payments or automatic withdrawals from your bank account) of:

\$20 \$15 \$10 Other \$ _____

Payable on the 1st day of each month. If the 1st is a Saturday, Sunday or statutory holiday, your donation will be processed on the following business day. A receipt for income tax purposes will be mailed to you at the beginning of the next calendar year. You may modify or discontinue your monthly donations at any time. Please inform us by phone at 514-630-2081 at least seven (7) business days before the scheduled date of your next gift, so that we can ensure that no additional donation is processed.

I would like to make a **SINGLE DONATION** of:

\$1,000 \$500 \$250 \$100 \$50 Other \$ _____

I would like a receipt for income tax purposes. Receipts are automatically sent for amounts over \$25.

ALLOCATION OF DONATION

- Area of greatest need
 Specific Fund or Department _____

PAYMENT METHOD

CHEQUE (payable to the Lakeshore General Hospital Foundation)

BANK ACCOUNT (for monthly donations only)

I have enclosed a cheque marked *VOID* or

I have provided my banking information below :

Financial Institution : _____

Account No : _____

Transit No : _____

CREDIT CARD

VISA MASTERCARD AMEX

Card number : _____

Expiration Date : _____

CVC/CVV : _____

SIGNATURE : _____

Please mail to: Lakeshore General Hospital Foundation
160 Ave Stillview, Suite 1297
Pointe-Claire, QC H9R 2Y2

I prefer to remain anonymous
Registration Number # 13202 1668 RR001

THANK YOU FOR YOUR SUPPORT!