

DONATION FORM

Contact Information:

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

Name: _____ Name of Spouse: _____

Phone: Home _____ Business: _____

Mailing Address 1: _____

Town: _____ Province: _____ Postal Code: _____

E-mail Address: _____

Donation/Payment Options:

1) **Cheque** (Payable to: Meaford Hospital Foundation) Amount: _____
See mailing address below

2) **Credit Card**: Credit Card Type: MasterCard _____ Visa _____
Card number: _____
Expiry Date: Month: _____ Year: _____
Name(s) on card: _____

3) **Pre-Authorized Debit** (PAD) (for those who wish to have the Meaford Hospital Foundation process a donation directly from their bank account).

[Link to Pre-Authorized Debit form](#)

TYPE OF DONATION:

One-Time Donation _____

In Memory Of _____

In Honour Of _____

Send Acknowledgement To:

Name: _____

Address: _____

RECOGNITION: All gifts to the Meaford Hospital Foundation are greatly appreciated. Every donor is recognized in accordance with our Donor Recognition Policy.

For the purpose of recognition, I/we would like our name(s) to appear in the annual Donor Book listing and the Donor Wall as follows: _____

OR

I wish my contribution to remain confidential _____

All donations are tax deductible and will be receipted upon payment.

Charitable Reg. No. 11903 6408 RR0001

The Meaford Hospital Foundation adheres to high standards governing ethics, privacy and financial management. We do not rent, trade or sell our mailing lists. Personal information, provided by you, is used solely for the purpose for which it was intended and is maintained in a secure manner. You may contact us to remove your name from our mailing list or files.

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