



## 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 Video Display 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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