

PRINTABLE DONATION FORM — Please complete and mail or fax to:

Saskatoon City Hospital Foundation

701 Queen Street, Saskatoon, SK S7K 0M7

Phone: (306) 655-8489 • Fax: (306) 655-8245

Email: schf@saskhealthauthority.ca



DONOR INFORMATION

Individual Organization : _____

Title: _____ First Name: _____ Last Name: _____

Title: _____ First Name: _____ Last Name: _____

Address: _____ City: _____ Prov: _____ PC: _____

Telephone: _____ Email: _____

*Name will appear as above for recognition purposes unless advised otherwise. I wish my gift to be anonymous.

PAYMENT INFORMATION

Amount: \$100 \$50 25 Other: \$ _____

Monthly (1st of each month) Pledge (\$ _____ Monthly Yearly \$ _____ from _____ to _____)

Payment Type: Visa Mastercard Cheque Enclosed (*marked "VOID" for monthly donations*)

Credit Card #: _____ Expiry: _____ CSV: _____

Name on Card: _____

Additional Information:

I wish to make a: Share Transfer Planned Gift (visit our website for more info. or contact us)

My company will match my gift! Organization Name: _____

Address: _____ City: _____ Prov: _____ PC: _____

ABOUT MY GIFT

My Gift is: In Memory In Honour As a grateful patient or family member

In Memory of: _____ In Honour of: _____

Please notify the following individual of this gift:

Title: _____ First Name: _____ Last Name: _____

Address: _____ City: _____ Prov: _____ PC: _____

Gift Allocation: Equip for Excellence MS Research Other, please specify: _____

YOUR SUPPORT IMPROVES LIVES. THANK YOU!

A charitable tax receipt will be issued for donations of \$10 or more and once per year for monthly donations.

Signature(s): _____ Date: _____

Charitable Business Number: 119140739RR0001

SCHF respects your privacy and protects your personal information. We do not sell or exchange information with other organizations.