

I WOULD LIKE TO MAKE A DONATION IN HONOUR OF

Name of your Guardian Angel _____

DONOR INFORMATION

First Name _____

Last Name _____

Address _____

City _____

Province _____

Postal Code _____

Telephone _____

Email _____

TYPE OF DONATION

I would like to make a **DONATION IN HONOUR OF MY GUARDIAN ANGEL** 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

CREDIT CARD

CHEQUE (payable to the Lakeshore General Hospital Foundation)

VISA
 MASTERCARD
 AMEX

Card number : _____

Expiration Date : _____

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 RR0001

THANK YOU FOR YOUR SUPPORT!