

## DONATION MADE IN MEMORY OF

Name of Deceased \_\_\_\_\_

## DONOR INFORMATION

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Province \_\_\_\_\_

Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

## TYPE OF DONATION

I would like to make an **IN MEMORIAM 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 \_\_\_\_\_

## PERSON TO BE NOTIFIED

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Province \_\_\_\_\_

Postal Code \_\_\_\_\_

Donation to read from (if different from donor) \_\_\_\_\_

## PAYMENT METHOD

**CREDIT CARD**

VISA   
  MASTERCARD   
  AMEX

Card number : \_\_\_\_\_

Expiration Date : \_\_\_\_\_

**CHEQUE** (payable to the Lakeshore General Hospital Foundation)

**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!**