



DONATION FORM

Please complete this form and return to:

47 Liberty Street South, Bowmanville, ON L1C 2N4

T: 905.623.3331 x 1881 E: info@bowmanvillehospitalfoundation.com

PERSONAL INFORMATION

Mr. Mrs. Dr. Mr. & Mrs. Ms.

First Name _____ Last Name _____ Spouse Name _____

Organization (if applicable) _____

Address _____

City _____ Province _____ Postal Code _____ Country _____

Phone (Day) _____ Phone (Alternate) _____ Email _____

FUND DESIGNATION

Where would you like to designate your gift?

Redevelopment & Expansion Project Other (please indicate designation) _____

This gift is in honour of/in memory of/in celebration of (person's name) _____

Would you like us to send notification to the Next of Kin or Honouree? Yes No

If yes, please provide **Complete Name & Address of Next of Kin/Honouree**

(If unable to provide information for Next of Kin, please name funeral home of service)

Mr. Mrs. Dr. Mr. & Mrs. Ms.

First Name _____ Last Name _____

Address _____

City _____ Province _____ Postal Code _____ Country _____

Funeral Home _____

PAYMENT METHOD

One-time Payment Monthly **Gift Amount \$** _____ **Preferred Process Date** _____

Pledge

Pledge Amount: \$ _____ Annual Pledge Payment: \$ _____ Pledge Begins: _____

Pledge Period: 3 years 5 years Other _____

Preferred Pledge Process Date _____

Cardholder's Name _____ Card Type: VISA MasterCard American Express

Card Number

Expiry Date (mmyy) Card Security Code

Further comments: _____

Privacy Policy: Bowmanville Hospital Foundation is strongly committed to protecting the privacy and confidentiality of your personal information. We value your trust and recognize that maintaining this trust requires that we be open and accountable in our treatment of the personal information that you choose to share with us. We do not lend, rent or sell your information. Personal information collected by the Foundation is kept in strict confidence.

Thank You!

Charitable Registration No. 11924 4903 RR0001

