

Kirkland and District Hospital Foundation Donation Form

Gifts may be made by friends and family *in memory of or honour of* those who have received care at Kirkland and District Hospital as a way to say thank you for being there when needed the most.

All gifts are receipted to the donor and notices are sent to the patient or family member to inform them you appreciate the care that has been received.

Donations received will assist Kirkland and District Hospital with the purchase of patient care equipment. Please print this page and fill out with the necessary information.

Your Name: _____

Address: _____

Postal Code: _____ Phone Number: _____

This donation is *in memory/honour of*: _____

Please notify: Name _____

Address _____

Postal Code _____

Amount: _____ \$1,000 _____ \$500 _____ \$100 _____ \$50 _____ \$25 _____ Other

Payment Method: Cheque Enclosed VISA

Card # _____ Expiry Date: _____

Last 3 Digit Security # (on back of your credit card) _____

Signature: _____ Date: _____

Cheques may be made payable to **Kirkland and District Hospital Foundation** and mailed to:

Kirkland and District Hospital Foundation
145 Government Road East
Kirkland Lake, Ontario P2N 3P4

Working together for YOUR Hospital