

## 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**