

St. Michael's Foundation DONATION FORM

(CASH / VISA / MASTERCARD / AMERICAN EXPRESS / CHEQUE)

Please print clearly

DONOR NAME: (Mr. / Mrs. / Ms. / Mr. & Mrs.)

ADDRESS (number, street name, city, province, postal code):

PHONE NUMBER:

Payment Method:

- CASH
 VISA
 MASTERCARD
 AMERICAN EXPRESS
 CHEQUE

Credit Card Information:

Credit Card Number: _____

Cardholder's Name: _____

Expiry Date: _____

Please make cheque payable to: St. Michael's Hospital Foundation

DONATION AMOUNT:

\$ _____

AREAS MOST NEEDED

DESIGNATION: _____

COMMENTS:

Please do not mail me any future correspondence

Please send form to:

St. Michael's Foundation, 30 Bond Street, Toronto. ON M5B 1W8

Charitable Registration # 12296 3663 RR0001 (Receipts issued for donation \$20 and up)