



Donation Form

DONOR INFORMATION:

NAME: _____ NAME OF BUSINESS: _____

TITLE: Mr. Mrs. Ms. Dr. Mr. & Mrs. Other _____

ADDRESS: _____

CITY: _____ PROV: _____ POSTAL CODE: _____

PHONE: _____ EMAIL: _____

GIFT AMOUNT: \$ _____ FUND: Highest Priority Cancer Care Other _____

CHEQUE *Please make cheques payable to PRHC Foundation.*

CREDIT CARD: VISA MASTERCARD AMERICAN EXPRESS

CREDIT CARD #: _____ EXP. DATE: _____

SIGATURE OF CARDHOLDER: _____

Please make my gift in Memory of:

We will send a card to the Next of Kin to acknowledge a donation has been made. Please complete the mailing information below:

Next of Kin name: _____

Address: _____

City: _____ Province _____

Postal Code: _____

Please make my gift in Celebration of a Special Occasion:

- Birthday
- Anniversary
- Other occasion: _____

We will send a card to the person you're making the gift for. Please complete the information below:

Recipient's Name: _____

Address: _____

City: _____ Province _____

Postal Code: _____

My gift is to say thanks for great care:

Please let us know who made a difference in your stay at the hospital and we will provide them with a card and lapel pin to acknowledge this tribute:

_____ (person/department/team)

If you wish, include a note of thanks and we'll pass it along on your behalf.

Please send your completed form to:

PRHC Foundation
One Hospital Drive Peterborough, ON K9J 7C6

Phone: (705) 876-5000 Fax: (705) 876 5032

Website: www.prhcfoundation.ca

Email: foundation@prhc.on.ca

Thank you for your support!