FONDATION
HÔPITAL GÉNÉRAL DU LAKESHORE
Ensemble pour l'excellence en soins de santé

LAKESHORE GENERAL HOSPITAL
FOUNDATION
Working together for health care excellence

GENERAL DONATION FORM

DONOR INFORMATION	
First Name:	Last Name:
Address:	City:
Province:	Postal Code:
Telephone:	Email:

TYPE OF DONATION

I would like to make a single donation in the amount of:
□ $1000 □ $500 □ $250 □ $100 □ $50 □ Other $ _____

I would like to make a pledge for each of the years
□ 2006 □ 2007 □ 2008 □ 2009 □ 2010

Annual amount of pledge:
□ $1000 □ $500 □ $250 □ $100 □ $50
□ Other $ _____

I would prefer to make monthly donations by pre-authorized payments (credit card only):
Amount of monthly payment: $ _____ payable on the _____ of the month.

TYPE OF GIFT

□ Area of greatest need □ Specific Fund or Department_____

PAYMENT METHOD

□ Cheque (Payable to the Lakeshore General Hospital Foundation)

□ VISA □ MasterCard

Credit Card Number: | | | | | | | | | | | | | | | | |

Expiry Date (mm/yy) | | | | | Signature: _____

□ I would like receipts for income tax purposes
(Please note that for amounts under $25, receipts are sent upon request)
□ I prefer to remain anonymous

Please mail or fax to:
The Lakeshore General Hospital Foundation
160 Stillview, Suite 5209, Pointe Claire, Québec H9R 2Y2
Telephone: (514) 630-2081 Fax: (514) 630-2873

Charitable organization # 13202 1668 RR0001

THANK YOU FOR YOUR SUPPORT!