





IN HONORARIUM DONATION FORM

DONOR INFORMATION	
First Name:	Last Name:
Address:	City:
Province:	Postal Code:
Telephone:	Email:
DONATION INFORMATION	
I would like to make an In Honorarium donation in the amount of: <input type="checkbox"/> \$1000 <input type="checkbox"/> \$500 <input type="checkbox"/> \$250 <input type="checkbox"/> \$100 <input type="checkbox"/> \$50 <input type="checkbox"/> Other \$ _____	
Donation made in honour of (Name of honouree): _____	
Type of Occasion (birth, anniversary, etc.): _____	
TYPE OF GIFT	
<input type="checkbox"/> Area of greatest need <input type="checkbox"/> Specific Fund or Department _____	
PERSON TO BE NOTIFIED	
Name: _____	
Address: _____	
City: _____	Province: _____ Postal Code: _____
Donation to read from (if different from donor): _____	
PAYMENT METHOD	
<input type="checkbox"/> Cheque (Payable to the Lakeshore General Hospital Foundation)	
<input type="checkbox"/>  <input type="checkbox"/> 	
Credit Card Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Expiry Date (mm/yy) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Signature: _____	
<input type="checkbox"/> I would like a receipt for income tax purposes (Please note that for amounts under \$25, receipts are sent upon request)	
<input type="checkbox"/> 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!