



Meaford General Hospital Foundation

229 Nelson St. West, Meaford ON N4L 1A3 519-538-1311 Ext. 4208 info@mghfoundation.ca

Contact Information

Title: Mr. Mrs. Ms. Mr. & Mrs. Other _____

Name: _____

Spouse Name: _____

Phone: Home _____ Business: _____

Mailing Address 1: _____

Mailing Address 2: _____

Town: _____

Province: _____ Postal Code: _____

E-mail Address: _____

Payment Information:

Credit Card (Pre-authorized payment payable to the Meaford Hospital Foundation)

Credit Card Issuer: MasterCard Visa

Card number: _____

Name(s) on card: _____

Expiry Date: Month: _____ Year: _____

Cheque (Payable to: Meaford Hospital Foundation)

First Installment is enclosed OR

First Installment will be paid on ____ / ____ / ____ (dd/mm/yy)

Bank Account (Pre-authorized payment payable to the Meaford Hospital Foundation)

Account Type Chequing Savings Other

Account #: _____ Transit #: _____

For those who chose pre-authorized chequing as the form of payment:

1. Please attach a void cheque to this form
2. Banking Information:

Bank or Trust Company: _____

Address: _____

Your support is critical. Please give generously.



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City: _____ Province: _____

Postal Code: _____ Phone: _____

3. I/we agree that the Meaford General Hospital Foundation may process charges to my/our account for the purposes of gifts or donations to the Capitol Campaign.

Signature: _____ Date: _____

Signature: _____ Date: _____

Donation Information:

Payment Installment: Monthly Quarterly Semi-Annually Annually One-Time

Payment Start: Month: _____ Year: _____

Payment End: Month: _____ Year: _____

*Installment value: \$ _____

*This value will be the total amount paid per installment period, or the value of your one-time donation.

Recognition

All gifts to this campaign are greatly appreciated. The Meaford General Hospital Foundation will recognize every donor as stated in our Donor Recognition Policy.

We do not sell or rent our donor lists.

For the purpose of recognition,

I/we would like our name(s) to appear in the annual Donor Book listing and the Donor

Wall as follows: _____

OR

This donation is made in Memory of _____

Next Of Kin (Name) _____ Address: _____

OR

This donation is made in Honor Of _____

Address: _____

OR

I wish my contribution to remain confidential

All donations are tax deductible and will be receipted upon payment.

Charitable Reg. No. 11903 6408 RR0001

The Meaford General Hospital Foundation adheres to high standards governing ethics, privacy and financial management. We do not rent, trade or sell our mailing lists. Personal information, provided by you, is used solely for the purpose for which it was intended and is maintained in a secure manner. You may contact us to remove your name from our mailing list or files.

Your support is critical. Please give generously.