

Donation Form

Event Name: _____

Participant Name: _____

Please complete all Pledge Information below. All donations are receipted if requested and name and address are completed.

Circle
 Receipt Requested ✓

1. Name:	Amount:	Cash		
Address:	Apt. #:	Cheque		
City:	Province:	Postal Code:		Visa
Telephone:				M/C
Credit Card #:	CSV:	Expiry:		AmEx.
2. Name:	Amount:	Cash		
Address:	Apt. #:	Cheque		
City:	Province:	Postal Code:		Visa
Telephone:				M/C
Credit Card #:	CSV:	Expiry:		AmEx.
3. Name:	Amount:	Cash		
Address:	Apt. #:	Cheque		
City:	Province:	Postal Code:		Visa
Telephone:				M/C
Credit Card #:	CSV:	Expiry:		AmEx.
4. Name:	Amount:	Cash		
Address:	Apt. #:	Cheque		
City:	Province:	Postal Code:		Visa
Telephone:				M/C
Credit Card #:	CSV:	Expiry:		AmEx.
5. Name:	Amount:	Cash		
Address:	Apt. #:	Cheque		
City:	Province:	Postal Code:		Visa
Telephone:				M/C
Credit Card #:	CSV:	Expiry:		AmEx.
6. Name:	Amount:	Cash		
Address:	Apt. #:	Cheque		
City:	Province:	Postal Code:		Visa
Telephone:				M/C
Credit Card #:	CSV:	Expiry:		AmEx.
TOTAL DOLLARS RAISED FROM THIS PAGE				
<p>1. Cheques Payable to: Southlake Regional Health Centre Foundation (SRHC Foundation) 2. All donations are receipted if requested and name and address are completed. 3. Please return all pledges and forms to Southlake Regional Health Centre Foundation. Medical Arts Building, 102-581 Davis Dr, Newmarket, ON L3Y 2P6 For information please call 905-836-7333 <i>Thank You for your support</i></p>				