



**Donation Form**

**Participant Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Team Name:** \_\_\_\_\_

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

Receipt  
Requested ✓

<b>1. Name:</b>	<b>Amount:</b>	Cash		
Address:	Apt. #:	Cheque		
City:	Province:	Postal Code:		Visa
Telephone:				M/C
Credit Card #:	CSV:	Expiry:		AmEx.
<b>2. Name:</b>	<b>Amount:</b>	Cash		
Address:	Apt. #:	Cheque		
City:	Province:	Postal Code:		Visa
Telephone:				M/C
Credit Card #:	CSV:	Expiry:		AmEx.
<b>3. Name:</b>	<b>Amount:</b>	Cash		
Address:	Apt. #:	Cheque		
City:	Province:	Postal Code:		Visa
Telephone:				M/C
Credit Card #:	CSV:	Expiry:		AmEx.
<b>4. Name:</b>	<b>Amount:</b>	Cash		
Address:	Apt. #:	Cheque		
City:	Province:	Postal Code:		Visa
Telephone:				M/C
Credit Card #:	CSV:	Expiry:		AmEx.
<b>5. Name:</b>	<b>Amount:</b>	Cash		
Address:	Apt. #:	Cheque		
City:	Province:	Postal Code:		Visa
Telephone:				M/C
Credit Card #:	CSV:	Expiry:		AmEx.
<b>6. Name:</b>	<b>Amount:</b>	Cash		
Address:	Apt. #:	Cheque		
City:	Province:	Postal Code:		Visa
Telephone:				M/C
Credit Card #:	CSV:	Expiry:		AmEx.
<b>TOTAL DOLLARS RAISED FROM THIS PAGE</b>				
<p><b>1. Cheques Payable to: Southlake Regional Health Centre Foundation (SRHC Foundation)</b></p> <p>2. All donations are receipted if requested and name and address are completed.</p> <p>3. Please return all pledges and forms to Southlake Regional Health Centre Foundation. Medical Arts Building, 102-581 Davis Dr, Newmarket, ON L3Y 2P6</p> <p>For information please call 289.319.3234</p> <p><i>Thank You for your support</i></p>				