

# Donation Form



**Yes!** I want to support



**SMGH** Foundation  
Strathroy Middlesex General Hospital

## My Contact Details:

\_\_\_\_\_ DATE

NAME (First & Last, with Preferred Title (Mr./Mrs./Ms./Miss.) or Organization Name & Contact)

STREET ADDRESS

CITY

PROVINCE

POSTAL CODE

TELEPHONE NUMBER (home and work)

EMAIL ADDRESS

## Donation Details:




**Single Donation:** I wish to make a **donation** of \$ \_\_\_\_\_

I have enclosed cash or cheque payable to Strathroy Middlesex General Hospital Foundation, or have completed the form below to pay by credit card.

**Monthly Donation:** I wish to make a **monthly** donation of \$ \_\_\_\_\_ on the 15th of each month.

I have enclosed a VOID cheque and authorize SMGH Foundation to make automatic withdrawals from my bank account each and every month, or by completing the form below I authorize SMGH Foundation to automatically debit my credit card each month.

**Pledge Amount:** I wish to make a **pledge** donation of \$ \_\_\_\_\_ over a period of \_\_\_\_ years.  
My pledge instalment amount is \$ \_\_\_\_\_

I want to give with my credit card:      

CREDIT CARD NUMBER

EXPIRY DATE

SIGNATURE

DATE

Please send me information on making a gift in my Will to the Hospital.

Please return this completed form to:  
SMGH Foundation  
395 Carrie Street, Strathroy, ON N7G 3J4  
519.246.5906 info@smghfoundation.com  
www.smghfoundation.com

*We appreciate your support.*  
Tax receipts will be issued for donations of \$20 or more.  
SMGH Foundation will now be issuing one annual consolidated receipt and statement in January, for your previous year's donations.  
Charitable Registration Number 13297 4270 RR0001

