

Yes! I want to support
Strathroy Middlesex General Hospital



I would like to make a donation in memory of:

(First & Last, with Preferred Title (Mr./Mrs./Ms./Miss.))

Next of kin name and contact information (if possible):

My Contact Details:

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

STREET ADDRESS

CITY

PROVINCE

POSTAL CODE

TELEPHONE NUMBER

EMAIL ADDRESS

Donation Details:

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.

Credit Card Payment: VISA MASTER CARD

CREDIT CARD NUMBER

EXPIRY

SIGNATURE

DATE

Please return your completed form in the provided envelope to SMGH Foundation, 395 Carrie St., Strathroy, ON, N7G 3J4.

Tel: 519-246-5906 info@smghfoundation.com

www.smghfoundation.com

*Tax receipts will be issued for donations of \$10 or more.

Charitable Registration number

13297 4270 RR0001