

Tribute Gift Form



Yes! I want to support



SMGH Foundation
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 (home and work)

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.

I want to give with my credit card:   

CREDIT CARD NUMBER

EXPIRY DATE

SIGNATURE

DATE

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

