

# Tribute Gift Form

**Yes!** I want to support



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

\_\_\_\_\_  
CVC

**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

THE NEED IS  
**real**