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: ☐ VISA ☐ AMERICAN EXPRESS ☐ MasterCard

_____ _____
CREDIT CARD NUMBER EXPIRY DATE

_____ _____ _____
SIGNATURE DATE CVC

☐ **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

THE NEED IS real