

Donation Form

Yes! I want to support the Advance & Renew
Campaign for MRI & Medical Imaging!



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

CVC

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

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