



DONOR INFORMATION:

NAME: _____

CONTACT NAME (Business): _____

ADDRESS: _____

CITY: _____ PROV: _____

POSTAL CODE: _____ PHONE: _____

EMAIL: _____

GIFT AMOUNT: \$ _____ CASH CHEQUE # _____

Please make cheques payable to Peterborough Regional Health Centre Foundation.

CREDIT CARD: VISA MASTERCARD

CREDIT CARD #: _____ EXP. DATE: _____

SIGNATURE OF CARDHOLDER: _____

PLEASE MAKE MY GIFT IN MEMORY OF or IN TRIBUTE TO;

NAME: _____

NEXT OF KIN: a memorial card will be mailed to the next of kin acknowledging your gift.

NAME: _____

ADDRESS: _____

CITY: _____ PROV: _____

POSTAL CODE: _____ PHONE: _____

Please mail completed form to the following address:

PRHC Foundation

One Hospital Drive

Peterborough, ON K9J 7C6

Thank you for your support!

by your side