

Moose Jaw Health Foundation Donation Form



**MOOSE JAW
HEALTH
FOUNDATION**

Please accept my gift of:

- \$20 \$50 \$75 \$100

I prefer to give a gift of: _____

(Please make your gift payable to the Moose Jaw Health Foundation)

- I wish to remain anonymous

Name: _____

Address: _____

City: _____ Prov.: _____ Postal Code: _____

Phone: _____ e-mail: _____

Gift Payment Options

- Cheque or Money Order (Please make your gift payable to the Moose Jaw Health Foundation)
 Pre-Authorized Payment (Please attach void cheque and indicate the monthly amount)

Visa/Mastercard: _____ Expiry: _____

Signature _____

Please designate my donation as a:

Memorial Gift

Name of deceased _____

Next of Kin:

Name: _____

Address: _____

City: _____ Prov.: _____ Postal Code: _____

Phone: _____ e-mail: _____

Or

Special Occasion Gift

Name of Honouree: _____

Address: _____

City: _____ Prov.: _____ Postal Code: _____

Phone: _____ e-mail: _____

Please direct my gift to:

- Priority Fund (Area of Greatest Need at the Dr. F.H. Wigmore Regional Hospital)

Other _____

Please send me more information on how to make a Planned Gift through:

- My will Life Insurance or Securities Annuities or Trusts

THANK YOU FOR YOUR SUPPORT *"Equipping the hospital of today and the hospital of tomorrow!"*

The Moose Jaw Health Foundation respects your privacy and does not rent, sell, or trade any donor information to third parties. All information relating to your donation is held in the strictest confidence.

Moose Jaw Health Foundation

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