



# SEVEN OAKS GENERAL HOSPITAL FOUNDATION INC. DONATION FORM

DATE: \_\_\_\_\_, 20\_\_\_\_

**PLEASE COMPLETE THIS FIRST SECTION WITH YOUR INFORMATION SO THAT WE CAN MAIL YOU A TAX RECEIPT:**

\_\_\_\_\_  
(LAST NAME)

\_\_\_\_\_  
(FIRST NAME)

\_\_\_\_\_  
(ADDRESS)

\_\_\_\_\_  
(SPOUSE FIRST NAME)

\_\_\_\_\_  
(CITY)

\_\_\_\_\_  
(RESIDENCE PHONE #)

\_\_\_\_\_  
(PROVINCE)

\_\_\_\_\_  
(POSTAL CODE)

\_\_\_\_\_  
(BUSINESS PHONE #)

\_\_\_\_\_  
(EMAIL ADDRESS)

**PLEASE COMPLETE THIS SECTION OF WHO YOU WOULD LIKE A CARD MAILED TO IF THIS DONATION IS IN MEMORY, HONOR, APPRECIATION OR IN RECOGNITION OF SOMEONE:**

**ACKNOWLEDGEMENT SENT TO:**

\_\_\_\_\_  
(FAMILY NAME)

\_\_\_\_\_  
(IN MEMORY)

\_\_\_\_\_  
(ADDRESS)

\_\_\_\_\_  
(IN HONOUR)

\_\_\_\_\_  
(CITY)

\_\_\_\_\_  
(IN APPRECIATION)

\_\_\_\_\_  
(PROVINCE)

\_\_\_\_\_  
(POSTAL CODE)

\_\_\_\_\_  
(IN RECOGNITION)

**AMOUNT OF DONATION: \$ \_\_\_\_\_**

CASH

CHEQUE (Personal)

MONEY ORDER

VISA

MASTERCARD

CHEQUE (Business)

CARD #: \_\_\_\_\_

EXPIRY DATE: \_\_\_\_\_

CARDHOLDER NAME: \_\_\_\_\_

**DONATION RECEIVED FOR:**

GENERAL DONATION:

SPECIFIED DONATION:

PURPOSE: \_\_\_\_\_