

## Yes, I want to support St. Joe's!

Please drop completed form off at the Foundation office, or send via inter-office mail.

Donor Name: \_\_\_\_\_

Address: \_\_\_\_\_ Suite or Unit #: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext.: \_\_\_\_\_ Email: \_\_\_\_\_

### Donation Information:

- I would like to make regular, on-going contributions through payroll deduction.
  - Please deduct \$\_\_\_\_\_ per pay on-going (*you may change or end at any time by calling 905.521.6036*)  
Employee ID# \_\_\_\_\_
- I would like to give a one-time gift of: \$ \_\_\_\_\_.
  - I've enclosed a cheque (*payable to St. Joseph's Healthcare Foundation*)
  - Please charge my credit card (*complete information below*)

### Credit Card Information:

Card Number: \_\_\_\_\_ mm      Expiry: \_\_\_\_\_ - \_\_\_\_\_  
yy

Name on Card: \_\_\_\_\_      Signature: \_\_\_\_\_

### I would like my gift to support:

- Research
- Mental Health Care
- Other \_\_\_\_\_
- Equipment
- Hospital's Greatest Needs

**Your privacy is very important to us:** St. Joseph's Healthcare Foundation contacts its friends periodically to share news and information about St. Joseph's Healthcare Hamilton by mail, phone or email. If you have any questions about this process, please call us at 905.521.6036 so that we can note and adhere to your personal privacy preference.

- This gift has been made anonymously.
- Please exclude my name from lists celebrating donors by gift level.

Charitable Registration # 11918 3549 RR0001 | Tax receipts will be issued for all eligible donations.