

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

Please drop off completed form to the Foundation Office or send via inter-office mail.

Donor Name: _____

Address: _____

City: _____ Prov: _____ PC: _____

Phone: _____ ext.: _____ email: _____

I would like my gift to support:

- | | | |
|---|---|---|
| <input type="checkbox"/> Greatest Needs | <input type="checkbox"/> Mental Health & Addiction Care | <input type="checkbox"/> Research |
| <input type="checkbox"/> Patient Comfort & Kindness | <input type="checkbox"/> Psychiatric Emergency Services | <input type="checkbox"/> COVID-19 Emergency Response Fund |
| <input type="checkbox"/> Staff Education | <input type="checkbox"/> Surgical Robotics | <input type="checkbox"/> Other: _____ |


Donation Information:

- I would like to make regular bi-weekly contributions through payroll deductions.
Please deduct \$ _____ per pay on-going* Employee ID: _____
- I would like to make monthly contributions on the 15th of each month*
 Please deduct \$ _____ per month on-going from my bank account (attach voided cheque)
 OR Please deduct \$ _____ per month on-going from my credit card (number below)
- I would like to make a one-time-gift of \$ _____ via
 Cheque made payable to: St. Joseph's Healthcare Foundation
 OR Please charge below credit card



New payroll and monthly donors will receive a St. Joe's Everyday Angel pin.

Credit Card Information:

Card Number: _____    _____ Expiry: _____ / _____
 Name on Card: _____ Signature: _____

- This gift has been made anonymously Please exclude my name from donor listings

*You may end or change your on-going monthly/payroll contributions at any time by calling 905.521.6036.

Your privacy is very important to us: St. Joseph's Healthcare Foundation periodically contacts its friends 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 contact 905-521-6036 so that we can note and adhere to your personal privacy preferences.