Milton District Hospital Foundation
7030 Derry Road, Milton, ON L9T 7H6
Website: www.mdhf.ca ▪ Email: info@mdhf.ca
Phone: 905-876-7014 ▪ Fax: 905-693-9199

DONATION FORM

Please print this form and mail or fax to the above address or fax number

Please check one:

☐ **General** ☐ **In Memory of** ☐ **In Honour of** ☐ **In Appreciation of**

Please fill out if applicable (Tribute or Memorial donations only)

Person's Name (for whom gift is being given): _____

Please send Notification to: _____

Address: _____

City: _____ Postal Code: _____

GIFT INFORMATION

Name: _____

Organization (if applicable)_____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ _____
Home Business

Gift Amount: $_____

Please select: ☐Visa ☐Mastercard ☐ American Express

☐Cheque enclosed, payable to Milton District Hospital Foundation

Receipt made out to (if different from above): _____

Credit Card #: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Expiry Date ☐☐/☐☐

Security Code: ☐☐☐☐

??? For Visa and MC: last 3 digits in signature area
For Amex: 4 digits on front of card

Signature: _____ Date: _____

Charitable Registration No. 119245330 RR0001. The Milton District Hospital Foundation respects your privacy and all information relating to your contribution is held in strictest confidence.