



Donation Form

Gifts may be made by friends and family *in memory or honour of* those who have received care at Alexandra Hospital as a way to say thank you for being there when needed the most.

All gifts are receipted to the donor and notices are sent to the patient or family member to inform them you appreciate the care that has been received.

Donations received will assist Alexandra Hospital with the purchase of patient care equipment, programs and services. Please print this page and fill out with the necessary information.

Your Name: _____

Address: _____

Postal Code: _____ Phone Number: _____

This donation is *in memory/honour of*: _____

Please notify: Name _____

Address _____

Postal Code _____

Amount: ___ \$1,000 ___ \$500 ___ \$100 ___ \$50 ___ \$25 ___ Other

Payment Method: Cheque Enclosed VISA Mastercard

Card # _____ Expiry Date: _____

Last 3 Digit Security # (on back of your credit card) _____

Signature: _____ Date: _____

Cheques may be made payable to **Alexandra Hospital Foundation**

and mailed to: Alexandra Hospital Foundation
29 Noxon Street
Ingersoll, Ontario N5C 3V6

I would like to receive future communications via email.

My email is: _____