

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 1B8

I would like to receive future communications via email.

My email is: _____

Please send me information on how I can provide for Alexandra Hospital Foundation in my will.

I have provided for Alexandra Hospital Foundation in my will.