



## FAX OR MAIL-IN DONATION FORM

### Option A: I would like to make a monthly gift of:

\$30     \$20     \$15     \$10     Other \$ \_\_\_\_\_

From my credit card – I have completed my credit card information below

From my bank account – I have enclosed or faxed a sample cheque marked “VOID”

Monthly giving allows me to spread my generosity over the entire year and save time, money and postage. I may end or change this service at any time by calling the Foundation office at 905-522-3863.

### Option B: I would like to make a one-time gift of:

\$100     \$75     \$50     \$35     Other \$ \_\_\_\_\_

### Please select a payment option:

Credit card:     VISA     MasterCard

Card Number: \_\_\_\_\_ Expiry: \_\_\_\_\_

My Cheque is enclosed (made payable to Hamilton Health Sciences Foundation)

### My contact information:

Donor Title:  Mr.     Mrs.     Ms.     Miss     Dr.     Other

Donor name: \_\_\_\_\_

Street address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

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

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

My gift is  In memory of  In tribute to: \_\_\_\_\_

Please send notification of my gift to: \_\_\_\_\_

Relationship: \_\_\_\_\_

Street address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

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

Comments: \_\_\_\_\_

Hamilton Health Sciences Foundation is committed to protecting your personal information. We do not share, rent, trade or sell any information we have collected. Personal information collected may be used to conduct fundraising and donor relations activities in support of Hamilton Health Sciences. If, at any time, you wish to be removed from our list or to obtain a copy of our Information Privacy Policy, please contact the Foundation at (905) 522-3863 or via email at info@hamiltonhealth.ca.

Tax receipts are issued for all donations. Monthly donors will receive one receipt at the end of the year for the full amount of their annual donations. Charitable Reg. No: 131159543 RR0001.

**Fax completed form to (905) 577-8025**

or mail to: Hamilton Health Sciences Foundation, P.O. Box 739, LCD 1, Hamilton, ON L8N 3M8

*Thank you for supporting Hamilton Health Sciences!*