



### Donation Form

\* Required fields

\* Title: \_\_\_\_\_ \* First Name: \_\_\_\_\_ \* Last Name: \_\_\_\_\_  
\* Street: \_\_\_\_\_ \* Suite #: \_\_\_\_\_  
\* City/Town: \_\_\_\_\_ \* Province: \_\_\_\_\_ \* Postal Code: \_\_\_\_\_  
\* Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### About My Gift

My gift is:  In Loving Memory  Grateful Patient  'Everyday Hero' Employee Campaign  
 Tree of Hope/Xmas  Season's Greetings  Physicians Giving Back Campaign  
 Best Wishes Birthday  Best Wishes Anniversary  Thank you

Pledge for an event. Name of Event

In Memory of:

In Honour of:

Please notify the following individual of this gift:

\* Title: \_\_\_\_\_ \* First Name: \_\_\_\_\_ \* Last Name: \_\_\_\_\_  
\* Street: \_\_\_\_\_ \* Suite #: \_\_\_\_\_  
\* City/Town: \_\_\_\_\_ \* Province: \_\_\_\_\_ \* Postal Code: \_\_\_\_\_

Additional Information about the gift \_\_\_\_\_

### Payment Information

Amount:  \$40  \$65  \$100  \$250 Other: \_\_\_\_\_  
Payment Type:  VISA  Mastercard  cheque enclosed (please make cheque payable to: SAHF)  
Credit card #: \_\_\_\_\_ Expiry: \_\_\_\_\_ Signature: \_\_\_\_\_

All donations will go to the Fund for Better Care unless otherwise specified  Fund: \_\_\_\_\_

### Thank you for your support!

This form can be mailed to:

**Sault Area Hospital Foundation ~ 750 Great Northern Road ~ Sault Ste. Marie Ontario ~ P6B 0A8**  
**P: (705) 759-3848 F: (705) 759-3818 E: [foundation@sah.on.ca](mailto:foundation@sah.on.ca)**  
Charitable Registration No. 11909 5065 RR001