



## ALMONTE GENERAL HOSPITAL - FAIRVIEW MANOR FOUNDATION Holiday Tribute Donation Form

### DONOR INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

### HOLIDAY TRIBUTE IN HONOUR OF...

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

- Yes, please **send a gift card** to the honouree, letting them know a gift was made in their honour with the Almonte General Hospital Fairview Manor Foundation.
- Yes, please **email** the honouree, letting them know a gift was made in their honour with the Almonte General Hospital Fairview Manor Foundation.

### GIFT INFORMATION

One-Time Donation \$ \_\_\_\_\_ Monthly Donation \$ \_\_\_\_\_

Payment Method (Please Select)

VISA  MASTERCARD  AMERICAN EXPRESS  CHEQUE  CASH

Card Number \_\_\_\_\_ Expiry Date \_\_\_\_\_ CVV \_\_\_\_\_

*Thank you for supporting health care close to home!*

Date Received \_\_\_\_\_

Received By \_\_\_\_\_

Date Processed \_\_\_\_\_

Confirmation \_\_\_\_\_