Calgary Health Trust

Donation Form (Please print)

Date: _____
Donation Amount: $_____ Salutation: □Mr. □Mrs. □Ms. □Miss
Donor Name: _____
(Individual or Organization)
Address: _____
City: _____ Province: _____ Postal Code: _____
Telephone: _____ E-Mail:_____

Monthly Donations: Yes, I'd like to make a monthly commitment to the Calgary Health Trust and its vision. I authorize the Calgary Health Trust to receive: $_____ each month.

Signature: _____Date:_____
□ I prefer to make my monthly gift by credit card. (Please complete credit card information below)
□ Please debit my bank account. (A sample cheque marked VOID is enclosed)
Our guarantee: You can change or cancel your monthly donation at any time by contacting us at (403) 943-0615.

I may revoke my authorization at any time, subject to providing notice of 30 days. To obtain a sample cancellation form, or for more information on my right to cancel a PAD Agreement, I may contact my financial institution or visit www.cdnpay.ca.
I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.

Tribute Donation

(Circle One) Yes No

In Memory / In Honour of: _____
Honouree Occasion: _____
Next of Kin / Honouree info: _____
Name: _____
Address: _____
City: _____ Province: _____ Postal Code: _____
Telephone: _____ E-Mail:_____
Next of Kin Relationship to Deceased: _____

Direct Donation To

□ Carewest Greatest Needs

□Beddington C3	□Colonel Belcher	□George Boyack	□Garrison Green
□Dr. Vernon Fanning	□Glenmore Park	□Nickle House	□OSI
□Sarcee	□Signal Pointe	□Rouleau Manor	□Royal Park

Credit Card Information

□Visa □MasterCard □American Express

Name on Credit Card: _____
Credit Card Number: _____ Expiry Date: _____
Signature: _____

Mailing Address

Calgary Health Trust
800-11012 Macleod Trail SE Calgary, AB T2J 6A5
Phone: (403) 943-0615 Fax: (403) 943-0628 www.calgaryheathtrust.ca