

Donation Form

*Please Print. Alternatively, you can donate online at www.calgaryhealthfoundation.ca



Carewest

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 Foundation and its vision. I authorize the Calgary Health Foundation 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.

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

- Calgary Health Foundation Greatest Needs (TRGN001)
- Foothills Medical Centre:
 - Greatest Needs
 - Staff Education
 - Unit / Program Greatest Needs: _____
- Rockyview General Hospital:
 - Greatest Needs
 - Staff Education
 - Unit / Program Greatest Needs: _____
- Peter Lougheed Centre:
 - Greatest Needs
 - Staff Education
 - Unit / Program Greatest Needs: _____
- Other _____
- Carewest:
 - Greatest Needs
 - Staff Education
 - Site/Program: _____
- Women's Health:
 - Greatest Needs
 - Staff Education
 - Unit / Program Greatest Needs: _____
- South Health Campus:
 - Greatest Needs
 - Staff Education
 - Unit/Program: _____

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

Credit Card Information

- Visa MasterCard American Express

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