Donation Form | Carewest

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

Calgary Health Foundation | Carewest

Date: _____

Donor Information

This donation is made on behalf of an:

Salutation: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss

Name: _____

Organization (if applicable): _____

Employee Contact Name / Position (if applicable): _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ E-mail: _____

Donation Information

☐ I want to make a **ONE-TIME** donation (Choose to give by cheque or credit card

One-time donation amount: ☐ $100 ☐ $50 ☐ $25 ☐ Other: _____

☐ I want to make a **MONTHLY** donation (Choose to give by credit card or pre-authorized debit below)

Monthly donation amount: ☐ $50 ☐ $30 ☐ $20 ☐ Other: _____

Your donation will go toward funding Carewest's greatest needs through Calgary Health Foundation

I am donating because/in thanks to: _____

Payment Options

☐ OPTION 1: Please charge donation to my credit card ☐ Visa ☐ MasterCard ☐ American Express

Cardholder Name: _____

Cardholder Signature: _____

Card Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Expiry Date: ☐☐☐☐

☐ OPTION 2: Please see attached cheque made payable to: Calgary Health Foundation

☐ OPTION 3: Please debit my bank account. I have attached a **void cheque**

Please Note: *You may change or cancel your monthly donation at any time, subject to providing notice of 30 days.*

Please mail your gift to:
Calgary Health Foundation
1500-333 11 Ave SW, Calgary, AB T2R 1L9

Phone: 403.943.0615 **Email:** fundraising@calgaryhealthfoundation.ca **Online:** givehealth.ca
Charitable Registration Number (B.N.) 89383 4697 RR0001

All donations will receive a tax receipt in accordance with CRA regulations.