Victoria Hospital Foundation
Enriching the Heart of Northern Health Care

PRINTABLE DONATION FORM - Please complete this form and mail or fax to:

Victoria Hospital Foundation
1200 – 24 Street West
Prince Albert, SK S6V 5T4
Fax: (306) 765-6120

❒ **YES, I want to support Victoria Hospital Foundation with a donation.**

Name _____

Address _____

City _____ Province _____ Postal Code _____

Telephone (Home) _____ (Work) _____

AMOUNT OF DONATION:

❒ $35 ❒$75 ❒$100 ❒$250 ❒$500 ❒$1,000 ❒Other $_____

METHOD OF PAYMENT:

❒ Cheque or Money Order (payable to Victoria Hospital Foundation)

❒ Visa ❒ MasterCard

Card Number /__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/ Expiry Date /__/__/__/__/

3 digit validation number on back of card /__/__/__/

Signature _____

GIFT ALLOCATION:

❒ Where it's need most
❒ Current Campaign
❒ Other, please specify _____

❒ In Memory of _____
❒ In Honour of _____

An acknowledgement card will be sent, informing the family of your kind gesture.

Person to Notify of this Donation:

First Name _____ Last Name _____

Address _____

City _____ Province _____ Postal Code _____