



Durham Hospital Foundation

Community • Giving • Care

DONATION FORM

Name: _____ Telephone: _____

Address: _____ P.O. Box #: _____

Town: _____ Prov: _____ Postal Code: _____

Telephone _____ E-mail _____

I would like to support the Durham Hospital with my donation of \$ _____

My gift is:

In Memory of _____

For COVID support _____

For Hospital Equipment _____

Method of payment please check one: Cheque Credit Card Online

Visa MasterCard Name on Card _____

Card # ____/____/____/____ Expiry Date ____/____

If you would like a card sent to the family of an In Memoriam donation, please show their name and mailing address here:

I am interested in making a gift in my Will

I would like to become a monthly donor

Registered Income Tax Receipts will only be issued for all donations over \$20.00, unless requested.

Charitable Tax Registration #: 873034797 RR0001

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