FONDATION
HÔPITAL GÉNÉRAL DU LAKESHORE
Ensemble pour l'excellence en soins de santé

LAKESHORE GENERAL HOSPITAL
FOUNDATION
Working together for health care excellence

IN MEMORIAM DONATION FORM

DONOR INFORMATION	
First Name:	Last Name:
Address:	City:
Province:	Postal Code:
Telephone:	Email:

DONATION INFORMATION

I would like to make an In Memoriam donation in the amount of:
□ $1000 □ $500 □ $250 □ $100 □ $50 □ Other $ _____

Donation made in memory of (Name of deceased): _____

TYPE OF GIFT

□ Area of greatest need □ Specific Fund or Department_____

NEXT OF KIN / PERSON TO BE NOTIFIED

Name:

Address:

City: Province: Postal Code:

Donation to read from (if different from donor):

PAYMENT METHOD

□ Cheque (Payable to the Lakeshore General Hospital Foundation)

□ VISA □ MasterCard

Credit Card Number: | | | | | | | | | | | | | | | | |

Expiry Date (mm/yy) | | | | | Signature: _____

□ I would like receipts for income tax purposes
(Please note that for amounts under $25, receipts are sent upon request)
□ I prefer to remain anonymous

Please mail or fax to:
The Lakeshore General Hospital Foundation
160 Stillview, Suite 5209, Pointe Claire, Québec H9R 2Y2
Telephone: (514) 630-2081 Fax: (514) 630-2873

Charitable organization # 13202 1668 RR0001

THANK YOU FOR YOUR SUPPORT!