

I wish to make a Tribute Gift



Page 1 of 2

Print both pages, complete the following information and mail it to:

The Carleton Place and District Memorial Hospital Foundation

211 Lake Avenue East

Carleton Place, Ontario, K7C 1J4

I wish to honour:

Mr. Mrs. Ms. Miss Dr. Mr. & Mrs.

First Name: _____

Last Name: _____

This gift is made:

In honour In memory In celebration of _____

With a gift to the Carleton Place and District Memorial Hospital Foundation in the amount of:

\$35 \$50 \$75 \$100 Other

I would like my donation to go toward: _____

(i.e. Emergency Room)

or where the need is most urgent

My information is:

Mr. Mrs. Ms. Miss Dr. Mr. & Mrs.

First Name: _____

Last Name: _____

Address: _____

City: _____

Province: _____

Postal Code: _____

Phone Number: _____

E-mail: _____

Please complete the 2nd page

I wish to make a Tribute Gift



Page 2 of 2

My Payment information:

Tax receipt will be issued for all donations of \$10 or more.

VISA MasterCard Cheque

Card Number: _____

Expiry: _____

Signature: _____

Please send notification to:

First Name: _____

Last Name: _____

Address: _____

City: _____

Province: _____

Postal Code: _____

Phone Number: _____

E-mail: _____

Please send me information on:

Planned Giving (bequests, endowments, life insurance)

For more information, please call The CPDMH Foundation at 613-257-2200 x856