



Donation Form

When you donate to the **Powell River Hospital Foundation**, we save your name, your address, the amount and date of your donation and the name of the person honoured, if it is a memorial. **WE DO NOT SHARE THIS INFORMATION.** The only way we use this data is to honour you on our Donor Wall when you reach a total of \$500 in donations, or to remember the person for whom the gift was dedicated. If you do not wish to be recognized on the Donor Wall, please check the appropriate spot below.

PLEASE PRINT THIS FORM

Fill out this form and include your cheque, money order or credit card donation.

Mail it to: **Powell River Hospital Foundation**
5000 Joyce Avenue
Powell River, BC V8A 5R3

or

Drop it off at the Hospital in either Wishing Well, located next to the Information desk or by the elevator.

Method of payment:

Visa Mastercard Cash/Money Order Cheque Other

Donor Name: _____

Address: Street or P.O.Box _____

City _____ Province _____ Postal Code _____

Tel. # () _____ - _____

Donation Amount: \$ _____

Email address _____

I wish to remain anonymous. Please do not put my name on the Donor Wall

In Memory Of: _____

Name & Address to send In Memory Card: _____

For Credit Card Payment only:

Card # _____ Expiry Date (MM/YY) _____ Security Code _____

Cardholder signature: _____ Date: _____