



# Sackville Memorial Hospital Foundation

## Donation Form

Yes! I want to support the Sackville Memorial Hospital Foundation.

\$35  \$50  \$75  \$100  I prefer to give \$ \_\_\_\_\_

Please direct my gift to:

Priority needs / current campaign

I prefer to direct my donation to: \_\_\_\_\_

This gift is in memory of: \_\_\_\_\_

Name and address of bereaved family:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mr.  Mrs.  Ms.  Miss

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

My cheque/money order is enclosed, made payable to the *Sackville Memorial Hospital Foundation*.

I prefer to use my:  VISA  MasterCard

Cardholder's Name: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ Cardholder's Signature: \_\_\_\_\_

Please fax this form to Sackville Memorial Hospital Foundation at 506.536.1983 *or* mail this form with a cheque to: Sackville Memorial Hospital Foundation,  
8 Main Street, Sackville, N.B. E4L 4A3

For more information, please call 506.364.4100 or E-mail [julie.thebeau@horizonnb.ca](mailto:julie.thebeau@horizonnb.ca)

Tax receipts will be issued for all donations.

I have already made a provision for the Foundation in my will.