

## ONLINE DONATION FORM

St. Michael's Hospital Foundation  
30 Bond Street, Toronto, ON M5B 1W8  
Tel: (416) 864-5000 Fax: (416) 864-5352



ST. MICHAEL'S  
HOSPITAL  
FOUNDATION

DONOR NAME: (Mr. / Mrs. / Ms. / Mr. & Mrs.)

*Please print clearly.*

ADDRESS (number, street name, city, province, postal code):

PHONE NUMBER/S:

Home:

Work:

Fax:

EMAIL:

**Payment Method:**

CASH

VISA

MASTERCARD

AMERICAN EXPRESS

CHEQUE

**Credit Card Information:**

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

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

Expiry Date: \_\_\_\_/\_\_\_\_

**Please make cheque payable to: St. Michael's Hospital Foundation**

DONATION AMOUNT:

\$ \_\_\_\_\_

AREA of GREATEST NEED

DESIGNATION: \_\_\_\_\_

**For Tribute Donations:**

IN MEMORY or  IN HONOUR: \_\_\_\_\_

Send Acknowledgement Card to: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Relationship of card recipient to the person being remembered: \_\_\_\_\_

COMMENTS:

Please do not mail me any future correspondence.

Please mail or fax form to:  
St. Michael's Hospital Foundation  
30 Bond Street, Toronto, ON M5B 1W8

A tax receipt will be issued for gifts \$20 or more.  
Charitable Registration # 12296 3663 RR0001