

In Honour of: _____

On the occasion of: _____

From: _____

Donation to support: _____

Please forward notification of this gift to:

Name: _____

Address: _____

City: _____

Prov.: _____

Postal Code: _____

An acknowledgement card will be sent to the honouree notifying them of your generosity.
The amount of your gift will not be disclosed.

Enclosed is my: Cheque Visa Mastercard Amex _____

Card number: _____

Expiry date: _____ Amount: _____

Signature: _____

(Cheques payable to Hamilton Health Sciences Foundation)

Please send tax receipt to:

Name: _____

Address: _____

City: _____ Prov.: _____

Postal Code: _____ Telephone: _____

Email: _____



P.O. Box 739, LCD1, Hamilton ON L8N 3M8
info@hamiltonhealth.ca | 905-522-3863 | hamiltonhealth.ca/makeitmatter

Thank you for celebrating this special occasion with your generosity!