



WDMH Foundation

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www.wdmh.on.ca/foundation

facebook.com/wdmhfoundation

For Internal Use

- In person
- Via telephone
- Via mail
- Via fax

In support of the general equipment fund for equipment purchases like Automated Dispensing Cabinets

Today's Date _____

Donor Information (please print)

Donor's Name (person who paid for the donation) _____

Address _____ City _____

Prov _____ Postal Code _____ *Phone _____

*Email _____

*Please include your telephone number or email address so that we may contact you should we have questions when processing your donation and / or issuing your official income tax receipt.

Gift Details (please print)

I would like to give the amount listed below as a one-time gift:

\$30 \$55 \$80 \$105 \$ _____ is the best donation amount for me

Included is a cheque made payable to the WDMH Foundation.

Please bill my credit card Visa Mastercard

*I understand that my gift will be directed to the general equipment fund at the Winchester District Memorial Hospital Foundation.

Donor Initial _____

Cardholder Information

Credit Card Number

_____ / _____

Expiry Date

Name on Card

Cardholder's Signature

This is a corporate credit card