

Donation form



PRINTABLE PDF FORM - ONE PAGE 8,5 X 11

Registration Number: 87108 4190 RR0001

Mail this completed form, along with your contribution, to the following address:

Ste. Anne's Hospital Foundation
305, Boul. des Anciens-Combattants
Sainte-Anne-de-Bellevue, Quebec
H9X 1Y9

Yes, I want to contribute to the well-being of our Veterans!

MY INFORMATION:

Name: _____ Surname: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone Res.: (____) _____ Telephone Cell.: (____) _____

E-mail: _____

ENCLOSED IS MY DONATION OF: \$250 \$100 \$50 Other _____

CHEQUE (Made out to *Ste. Anne's Hospital Foundation*)

Visa MasterCard American Express

Card Number:

Expiration Date:

Signature of cardholder: _____ Date: _____