



WDMH FOUNDATION DONATION FORM

TODAY'S DATE: _____

WDMH Foundation, 566 Louise Street, Winchester, Ontario K0C 2K0

T: 613-774-2422 x 6162 • F: 613-774-7202

www.wdmhfoundation.on.ca • facebook.com/wdmhfoundation

FOR INTERNAL USE ONLY:

IN PERSON

VIA TELEPHONE

VIA MAIL

VIA FAX

DONOR INFORMATION (please print)

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

Address _____ City _____ Prov _____ Postal Code _____

*Telephone Day _____ *Telephone Evening _____ *Email _____

ONE-TIME GIFT DETAILS (please print)

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

\$50 \$100 \$250 \$500 \$1000 Other _____

Included is a cheque made payable to the WDMH Foundation

Please bill my credit card: Visa Mastercard

CARDHOLDER INFORMATION

Card Number _____

Expiry Date _____ / _____ 3-Digit Security Code _____

Name on Card _____

Cardholder's Signature _____

This is a corporate credit card

PLEDGE DETAILS (please print)

I would like to pledge \$ _____

My payments will begin in <month _____> and will continue on a monthly quarterly annual basis until my pledge is paid off.

By pre-authorized debit. (please enclose a "void" cheque so that we may make arrangements with your financial institution).

Please bill my credit card: Visa Mastercard

Monthly payments will be processed on the 20th day of each month. If the 20th does not fall on a regular business day, then your gift will be processed on the following business day. One tax receipt will be issued prior to February 28th representing your contributions for the previous calendar year. Please contact 613-774-2422 x 6162 if you would like to receive one receipt per gift rather than one receipt per year.

Please direct my gift as follows:

- WDMH Family Care Fund "Supporting Care for Families Just Like Mine" – where my gift is needed most at WDMH.
- WDMH General Equipment Fund – Because the provincial government doesn't support the purchase of medical equipment for Ontario hospitals and I want to help ensure that WDMH is well-equipped.
- Health Care Undesignated Fund – My gift will be used where it is needed most at WDMH and Dundas Manor Long-Term Care Home.

- WDMH Digital Mammography Fund
- WDMH CT Scanner Fund
- WDMH Cancer Care Fund – Because I am grateful for local cancer care services.
- WDMH Ophthalmology Fund
- WDMH Building and Renovation Fund

Donor Initial _____

REASON FOR GIVING YOUR GIFT

We would love to know what inspired you to give your gift.

- Yes, you may publish my reason for giving but not my name
- Yes, you may publish my reason for giving and my name
- No, you do not have permission to publish my reason or my name

OTHER INFORMATION

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

Donor address must be complete and legible. Official Income Tax Receipts are not routinely issued to other charitable organizations, foundations, or businesses, but are acknowledged through a Business Receipt (non-official tax receipt).

We do not publish donor names unless we have been provided with written permission to do so.

Charitable Registration number 89282 4368 RR0001.