

# Family Care Fund

## DONATION FORM

**YES!**

I would like to give the amount below to  
the Family Care Fund

\$30     \$55     \$80     \$105

\$ ..... Is the best donation amount for me

You can also donate online by visiting  
[www.wdmh.on.ca/foundation](http://www.wdmh.on.ca/foundation)

Dr.     Mr.     Mrs.     Ms.     Miss

Donor name (person who paid for donation):

\_\_\_\_\_

Please print

\*Address: \_\_\_\_\_

\_\_\_\_\_

\*City: \_\_\_\_\_

\*Province: \_\_\_\_\_ \*Postal Code: \_\_\_\_\_

\*Daytime Tel: ( \_\_\_\_\_ ) \_\_\_\_\_

\*Evening Tel: ( \_\_\_\_\_ ) \_\_\_\_\_

Email: \_\_\_\_\_

\* Please complete these fields.

## I WOULD LIKE TO PAY BY:

Enclosed is a Cheque  
(Please make your cheque payable to WDMH Foundation.)

Please bill my    

Card no.: \_\_\_\_\_

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

Three Digit Security Code: \_\_\_\_\_

Name on card:

\_\_\_\_\_

Cardholder Signature:

\_\_\_\_\_

This is a corporate card

## MAIL OR DROP OFF THIS FORM TO:

**Winchester District Memorial Hospital Foundation**  
566 Louise Street, Winchester, ON K0C 2K0

Yes, I would like to receive quarterly e-updates about  
the Foundation and have provided my email address.

Please send me information on making a planned gift.

I plan to name the Foundation as a beneficiary of my  
life insurance or RRSP. (Thank You!)

I have already made a gift to the Foundation in my will.  
(Thank You!)

Charitable Registration No. 89282 4368 RR0001