

SUNDRE HOSPITAL FUTURES DONATIONS



SUNDRE HOSPITAL
FUTURES

DATE: _____

NAME: _____

ADDRESS: _____

PHONE NO. _____ E-MAIL _____

DONATION AMOUNT: \$ _____ IS THIS A MEMORIAL DONATION? YES NO

IN MEMORY OF WHOM? _____ (Please attach a copy of the Obituary)

NAME AND ADDRESS OF NEXT OF KIN OR ACKNOWLEDGEE:

PAYMENT METHOD: CASH (Attach a copy of the receipt) CHEQUE

MASTERCARD VISA

CREDIT CARD NUMBER: _____

EXPIRY DATE: _____

AUTHORIZATION #: _____

CHECK FUND THAT DONOR WOULD LIKE DONATION TO BE CREDITED TO:

HOSPITAL FUNDS:

- ACUTE CARE
- LONG TERM CARE
- PALLIATIVE CARE (HOSPITAL)
- OBSTETRICS
- CURRENT CAMPAIGN
- GREATEST NEEDS

OTHER FUNDS:

- HOSPITAL FUTURES FUND
- RECRUITMENT & RETENTION FUND
- JOANNE OVERGUARD MEMORIAL
FUND FOR THE NEW SUNDRE HOSPITAL

Notes: _____

Received By: _____

Or donate online at: <https://www.sundrehospitalfutures.com>