

I am pleased to support local health care through my donation to the Hanover & District Hospital Foundation.



Please find my donation enclosed:

\$35 \$50 \$75 \$100

I prefer to give: _____ **I would prefer to give:** _____ **monthly**

(If doing the monthly payment, please enclose a void cheque or authorization to charge monthly to your credit card)

Payment enclosed:

Cheque enclosed (payable to HDH Foundation) MasterCard Visa

Expiry Date: _____ / _____

Credit Card Number: _____ - _____ - _____ - _____

Name: _____

Address: _____ Fire Number: _____

City: _____ Postal Code: _____

Email: _____ Phone: _____

I would like to designate my donation to:

The area of greatest need Memorial Tribute Tribute Gift Endowment Fund

Name and Address of bereaved family or person(s) being honoured with a tribute gift:

“Growing for Generations”: Please send me information about including the HDH Foundation in my will or designating the Foundation as a beneficiary of a life insurance policy.

Please send donations to: Hanover and District Hospital Foundation, 90 – 7th Avenue, Hanover, ON N4N 1N1

Phone: 519-364-2341 Ext. 203 ♦ Email: spaterson@hdhospital.ca ♦ Fax: 519-364-6602

All donations are tax deductible. Thanks for your support!