



# Donation Form

## DONATION INFORMATION

I would like to  
make a donation of

\$50  \$100  \$250  \$500

Date

/  /

This donation is for

Priority needs

Other

## YOUR INFORMATION

Type of donation  Personal  
Donation  Corporate  
Donation

First name

Last name

Email

Phone number

Company  
name

Address

City

Province

Postal Code

Country

## DONATION IN MEMORY / IN HONOUR

This donation is  in memory  in honour

of

The MGH Foundation can notify the family that you have made a donation.

Please provide us with the name and address of the person to be notified along with the desired message.

Person to notify

Email

Address

City

Province

Postal Code

Country

Your message

## YOUR PAYMENT INFORMATION

Type of payment

MasterCard  Visa  American Express  By check, addressed to  
the MGH Foundation

Credit card number

Expiry date

 / 