

DONATION FORM

Yes, I want to touch lives



and enhance patient care

Give now!



Tel: 506.857.5488

friendsfoundation.ca/donate

I would like to contribute a **one-time gift** of \$35 \$50 \$100 I prefer to give: _____

OR

I would like to join the **Faithful Friends Club** and give a **monthly amount** of \$20 \$35 \$50 I prefer to give: _____

TO BE DEDUCTED ON: 1st or 15th of the month (include void cheque **OR** provide credit card information)

A tax receipt will be mailed to this address

Name: _____ Telephone: _____

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

E-mail: _____

I have enclosed a **CHEQUE** made payable to the Friends of The Moncton Hospital Foundation Inc.

OR

I prefer to use my **CREDIT CARD**: VISA MasterCard AMEX

Card Number: _____

Expiry Date (month/year): _____ Signature: _____

Charitable Registration: 11893 3134 RR001

Send or drop off completed form to:

Friends of The Moncton Hospital Foundation,
135 MacBeath Ave.,
Moncton, NB E1C 6Z8

OR
donate online.

