

## DONATION FORM

Yes, I want to  
touch lives



and enhance  
patient care



Tel: 506.857.5488

[FriendsFoundation.ca/donate](http://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:  1<sup>st</sup> or  15<sup>th</sup> 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.

