



Saugeen Memorial Hospital Foundation
 340 High Street
 Southampton, Ontario N0H 2L0

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR GIFT OR CALL: (519) 797-3230 EXT. 3230 TO DONATE BY PHONE

Yes, I want to help the Saugeen Memorial Hospital Foundation,

I would like to donate: \$25 \$50 \$100 \$250 \$500 \$1000 Other \$ _____

I prefer to spread my donation over a fixed time period using post dated cheques or automatic credit card payments. Please call me to complete arrangements.

My cheque is enclosed I prefer to use my credit card Expiry date: /

   Card No.

Name _____

Signature _____

Address _____

City/Town _____ Postal Code _____

Telephone _____

- I have made a gift to the Foundation in my will.
- I am considering making a gift to the Foundation in my will and would like more information.

Please make your cheque payable to the Saugeen Memorial Hospital Foundation, and return it with this form to the address above. A receipt for tax purposes will be issued for all gifts.

Thank you For Your Generosity!

Charitable Registration No. 88959 9825 RR0001