



5000 Joyce Avenue, Powell River, BC V8A 5R3

## Donation Form

When you donate to the **Powell River Hospital Foundation**, we save your name, your address, the amount and date of your donation and the name of the person honoured, if it is a memorial. **WE DO NOT SHARE THIS INFORMATION.** The only way we use this data is to honour you on our Donor Wall when you reach a total of \$500 in donations, or to remember the person for whom the gift was dedicated. If you do not wish to be recognized on the Donor Wall, please check the appropriate spot below.

**PLEASE HIT THE PRINT BUTTON**, fill out this form and with your cheque, money order or credit card donation...

- Mail it to: **Powell River Hospital Foundation**  
**5000 Joyce Avenue**  
**Powell River, BC V8A 5R3**

or

- Drop it off at the Hospital in the Wishing Well next to the Information desk or the Wishing Well by the Elevator.

### Method of payment:

Visa     Mastercard     Cash/Money Order     Cheque     Other

Yes, I am interested in joining the Foundation     No to my name on the Donor Wall

**Donor Name:** \_\_\_\_\_

Address: Street or P.O.Box \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Tel. # (    ) \_\_\_\_\_ - \_\_\_\_\_    Donation Amount: \$ \_\_\_\_\_

Email address \_\_\_\_\_

**In Memory Of:** \_\_\_\_\_

Name & Address to send In Memory Card: \_\_\_\_\_

### For Credit Card Payment only:

Card # \_\_\_\_\_ Expiry Date (MM/YY) \_\_\_\_\_ Security Code \_\_\_\_\_

Cardholder signature: \_\_\_\_\_ Date: \_\_\_\_\_