

Caritas Foundation
DONATION FORM



Donor Information:

Name:				
Address:				
City:	Province:	Postal Code:		
Phone: (H):	Phone (W):			
Email:				
Name on tax receipt (if different from above)				

DONATION INFORMATION

Hospital Site: (please choose one below)

<input type="checkbox"/> Edmonton General Continuing Care Centre	<input type="checkbox"/> Grey Nuns Community Hospital	<input type="checkbox"/> Misericordia Community Hospital
<input type="checkbox"/> Youville Home	<input type="checkbox"/> Villa Caritas	Unit/Program

MEMORIAL DONATION INFORMATION:

In Memory of

Name:	
-------	--

NEXT OF KIN INFORMATION

Please notify the following individual(s) regarding this donation

Name:				
Address:				
City:	Province:	Postal Code:		
Relationship to deceased:				

PAYMENT OPTIONS:

<input type="checkbox"/> Visa	<input type="checkbox"/> Cheque	Card #	
<input type="checkbox"/> Master Card	<input type="checkbox"/> Cash	Expiry Date	
<input type="checkbox"/> American Express		SIGNATURE	
\$			
GIFT AMOUNT	PLEASE MAKE CHEQUES AND MONEY ORDERS PAYABLE TO THE CARITAS FOUNDATION. MAIL WITH COMPLETED FORM TO: CARITAS FOUNDATION 3C60-11111 JASPER AVE NW EDMONTON, ALBERTA T5K 0L4		