

# Donation Form



Thank you for returning this form with your contribution to the following address:

**Chaleur Regional Hospital Foundation**  
1750, Sunset Drive, Bathurst, NB E2A 4L7

## CONTACT INFORMATION:

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Postal Code :** \_\_\_\_\_

**Tel. (home):** \_\_\_\_\_ **Tel. (cell.):** \_\_\_\_\_

**Email :** \_\_\_\_\_

## I would like my donation to go toward:

- Major Fundraising Campaign                       Northern Star
- Roses Radiothon     Foundation in General
- Other (please specify): \_\_\_\_\_

## MY DONATION OF:

- |                               |                                |  |
|-------------------------------|--------------------------------|--|
| <input type="checkbox"/> \$10 | <input type="checkbox"/> \$20  | <input type="checkbox"/> \$25            |
| <input type="checkbox"/> \$50 | <input type="checkbox"/> \$100 | <input type="checkbox"/> Other: \$ _____ |

## Payment method :

**Cheque** (made payable to Chaleur Regional Hospital Foundation)

**Visa**

**MasterCard**

**Card Number:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_ / \_\_\_\_\_ **Name of cardholder:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date :** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_