



# CAMPBELLFORD

MEMORIAL HOSPITAL FOUNDATION

## General Donation Form

Name: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

I am pleased to support Campbellford Memorial Hospital by making a donation of \$ \_\_\_\_\_ to the CMH Foundation in support of (please circle one):

Equipment and Technology

Education

The Greatest Needs of the Hospital

A Specific Department within the Hospital:

\_\_\_\_\_

In Memory/Honour of:

Please notify the following individual of my donation:

Name: \_\_\_\_\_

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

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

\_\_\_\_\_

Method of Payment (please circle one):

Cheque (Please make payable to CMH Foundation)

Visa      MasterCard      # \_\_\_\_\_      Exp:    /

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

Please return this form in the envelope provided or send to:

**Catherine Holt, Donor Relations and Communications**

Campbellford Memorial Hospital Foundation 146 Oliver Rd., Campbellford, ON, K0L 1L0

Phone: (705) 653-1140 ext. 2104 Email: [cholt@cmh.ca](mailto:cholt@cmh.ca)