



130 Bayard Drive, Saint John, NB E2L 3L6
Charitable Registration BN:119183523 RR0001

Printable Donation Form

Donation amount \$ _____ (Please make cheques payable to St Joseph's Hospital Foundation)

Please charge my credit card: Visa MasterCard AMEX

Card Number: _____ Expiry Date: _____

Signature: _____

Please direct my gift to:

- | | | |
|---|--|--|
| <input type="checkbox"/> Where Needed Most | <input type="checkbox"/> Health & Aging | <input type="checkbox"/> Breast Health |
| <input type="checkbox"/> Patient Comfort Care | <input type="checkbox"/> Prostate Clinic | <input type="checkbox"/> 2017 Dragon Boat Festival |
| <input type="checkbox"/> Annual Appeal | <input type="checkbox"/> CAM Unit | <input type="checkbox"/> Community Health Centre |
| <input type="checkbox"/> Eye Clinic | <input type="checkbox"/> Surgical Services | <input type="checkbox"/> Memorial Donation |
| <input type="checkbox"/> Urgent Care | <input type="checkbox"/> Women's Health | <input type="checkbox"/> Grateful Patient |
| <input type="checkbox"/> Other _____ | | |

Name: _____

Address: _____

City: _____ Postal Code: _____

Telephone: _____ Email: _____

My gift in loving memory of: _____

My gift in honour of: _____

Please send acknowledgment of this gift to: Name _____

Address: _____

City: _____ Postal Code: _____

I have arranged for a planned gift (e.g bequest or insurance policy) to St. Joseph's Hospital Foundation.

Completed forms may be sent to St. Joseph's Hospital Foundation by one of the following means:

Mail: 130 Bayard Drive, Saint John, NB E2L 3L6

Phone: (506) 632-5595

Fax: (506) 632-5594

Email: Laurie.Flood@horizonnb.ca