



Donation Form

Participant Name: _____

Phone Number: _____ **Team Name:** _____

Please complete all Pledge Information below. All donations are accepted if requested and name and address are completed.

			Circle	Receipt Requested ✓
1. Name:	Amount:		Cash	
Address:		Apt. #:	Cheque	
City:	Province:	Postal Code:	Visa	
Telephone:			M/C	
Credit Card #:	CSV:	Expiry:	AmEx.	
2. Name:	Amount:		Cash	
Address:		Apt. #:	Cheque	
City:	Province:	Postal Code:	Visa	
Telephone:			M/C	
Credit Card #:	CSV:	Expiry:	AmEx.	
3. Name:	Amount:		Cash	
Address:		Apt. #:	Cheque	
City:	Province:	Postal Code:	Visa	
Telephone:			M/C	
Credit Card #:	CSV:	Expiry:	AmEx.	
4. Name:	Amount:		Cash	
Address:		Apt. #:	Cheque	
City:	Province:	Postal Code:	Visa	
Telephone:			M/C	
Credit Card #:	CSV:	Expiry:	AmEx.	
5. Name:	Amount:		Cash	
Address:		Apt. #:	Cheque	
City:	Province:	Postal Code:	Visa	
Telephone:			M/C	
Credit Card #:	CSV:	Expiry:	AmEx.	
6. Name:	Amount:		Cash	
Address:		Apt. #:	Cheque	
City:	Province:	Postal Code:	Visa	
Telephone:			M/C	
Credit Card #:	CSV:	Expiry:	AmEx.	
TOTAL DOLLARS RAISED FROM THIS PAGE				
1. Cheques Payable to: Southlake Regional Health Centre Foundation (SRHC Foundation) 2. All donations are accepted if requested and name and address are completed. 3. Please return all pledges and forms to Southlake Regional Health Centre Foundation. Medical Arts Building, 102-581 Davis Dr, Newmarket, ON L3Y 2P6 For information please call 905-836-7333 Thank You for your support				