



**Lake of the Woods District Hospital Foundation**  
 21 Sylvan Street West, Kenora, ON P9N 3W7  
 Tel: (807) 468-9861 Ext. 2469 Fax: (807) 468-6051

# Donation Form

**Please provide the following information:**

Donor First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Company Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

Please direct my donation to:  Area of Greatest Need  Other: \_\_\_\_\_

I would like to make my gift in Honour *or* in Memory of: \_\_\_\_\_

**Please send notification of my gift to (next of kin or honouree):**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**I would like to make:**

A **one-time gift** in the amount of:  \$1,000  \$500  \$100  \$50  \$30  Other \$ \_\_\_\_\_  
(CDN Funds)

Payment Method:  VISA  MasterCard

Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_

*All cheques may be made payable to Lake of the Woods District Hospital Foundation*

**Please send donation to:** Lake of the Woods District Hospital Foundation  
 21 Sylvan Street West, Kenora, ON P9N 3W7 Canada

**Charitable Registration (BN) 13710 5243 RR0001**

A receipt will be issued for donations of \$10 or more. Our donor records are confidential; we do not share, rent or sell our lists.  
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