



519-357-1310 or 1-877-227-3486



CLINTON
HANOVER
LISTOWEL
MOUNT FOREST
PALMERSTON
SEAFORTH
WALKERTON
WINGHAM

Clinton Public Hospital Foundation
Hanover & District Hospital Foundation
Listowel Memorial Hospital Foundation
Mount Forest Louise Marshall Hospital Foundation
Palmerston & District Hospital Foundation
Seaforth Community Hospital Foundation
Walkerton & District Hospital Foundation
Wingham & District Hospital Foundation

DONATION AMOUNT: \$ _____

Method of Payment:

Cash _____ Cheque _____ Mastercard _____ VISA _____

Name on Card: _____

Credit Card Number: _____ / _____ / _____ / _____

Three Digit Security Code : _____ (on back of card) **Expiry Date** _____ / _____

Donor Name: _____

Address: _____

City: _____ **Postal Code:** _____

email address: _____

Telephone: _____

Volunteer: _____

Are you responding to a challenge?	Yes	No
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May we acknowledge your donation on the website?	Yes: _____	No: _____
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