Donation Sheet for Callers 2026

Donation Lines: 519-357-1310 or 1-877-227-3486

CKNX HEALTH CARE HEROES RADIOTHON

CHESLEY		Chesley Hospital Foundation
CLINTON		Clinton Public Hospital Foundation
HANOVER		Hanover & District Hospital Foundation
LISTOWEL		Listowel Memorial Hospital Foundation
MOUNT FOREST		Mount Forest Louise Marshall Hospital Foundation
PALMERSTON		Palmerston & District Hospital Foundation
SEAFORTH		Seaforth Community Hospital
WALKERTON		Walkerton & District Hospital Foundation
WINGHAM		Wingham & District Hospital Foundation

Donation Amount: $_____ **Method of Payment** (select one):

Cash _____ **Cheque**_____ **Mastercard**_____ **Visa** _____

For VISA or MC Payments:

Name on Card: _____

Card Number: _____/_____/_____/_____

Expiry Date: _____/_____ **CVV (3 digits on back):** _____

Donor Name: _____

Address: _____

City: _____ **Postal Code:** _____

E-mail Address: _____

Telephone: (_____) _____ - _____

Are you responding to a challenge? **May we acknowledge your donation on the website?**

Yes_____ No _____ Yes _____ No _____

Volunteer: _____