

Donation Form



Section 1: Donation Details

I would like to support: Greatest Priority A specific event
 A specific department Other

Donation Amount: _____

Donation Frequency: One Time Monthly

Is the gift in honour of someone special? Yes (If yes, fill out Section 3) No

What prompted you to donate? Care received at Cornwall Community Hospital
 A CCH Foundation publication
 A Media Story
 I want to support local healthcare

Section 2: Donor Information

I am: An individual
 A business
 A community group/organization

Salutation: Mr. Mrs. Ms. Miss Doctor

First Name _____ Last Name _____

Business / Organization Name _____

Address _____

City _____ Province/State _____ Country _____

Postal Code/Zip Code _____ Telephone () _____ - _____

Email (for receipting purposes) _____

Confirm Email _____

- I prefer to make my donations anonymously
- I wish to receive future correspondence

Section 3: Tribute Information

Gift Type In memory In honour In celebration

Card Type Paper Card No Card

In memory / honour of _____

Memorial Card recipient _____

Card Recipient Address _____

Personal Message _____

Select an Occasion : Birth Birthday Anniversary Graduation

Wedding Christmas Other

Payment Information

Card Number _____

Cardholder's Name _____

CVV Number _____ Expiration Date _____

Mailing Address

Cornwall Community Hospital Foundation
840 McConnell Avenue
Cornwall, Ontario K6H 5S5