



**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

City \_\_\_\_\_ Prov \_\_\_\_\_ Post code \_\_\_\_\_

**Telephone:** (Res) \_\_\_\_\_ (Bus) \_\_\_\_\_

**Amount:**

One time donation of \$ \_\_\_\_\_ **OR** \$ \_\_\_\_\_ per month\*

*\*Monthly donations can be made via credit card or by sending a void cheque to provide the Foundation with your bank account details for direct debit.*

Please direct my donation to:

Area of Greatest Need

Other. Please specify program or department: \_\_\_\_\_

**Method of Payment:**

Cash  Cheque  Visa  MasterCard  Amex

**Credit Card #:** [ ][ ][ ][ ][ ] - [ ][ ][ ][ ][ ] - [ ][ ][ ][ ][ ] - [ ][ ][ ][ ][ ]

**Expiry Date:** [ ][ ] / [ ][ ] **Signature** \_\_\_\_\_

**Special Information for In Memory or In Honour Donations:**

This donation is in memory of  in honour of

**Name of deceased / honouree:** \_\_\_\_\_

**Name of person to be notified of your donation:** \_\_\_\_\_

**Address of person to be notified (if you have it):** \_\_\_\_\_

**Please send your donation to: St. Paul's Hospital Foundation**  
178 – 1081 Burrard Street  
Vancouver, BC V6Z 1Y6  
Fax: 604 806 8326  
Web: www.helpstpauls.com

To donate by phone or to receive more information, please call 604 682 8206 or 1 800 720 2983.