



**ST. MICHAEL'S CENTRE FOUNDATION
DONATION FORM**

All cheques should be made payable to: **St. Michael's Centre Foundation**

Mailing Address: **7451 Sussex Avenue
Burnaby, BC V5J 5C2**

Your Name:

Your E-mail:

Address:

City:

Province/State:

Country:

Postal Code/Zip:

Home Phone Number:

Business Phone Number:

Enclosed is my gift of: \$10 \$20 \$25 \$50
\$100 \$500 Other: _____

Please select one of the following: My cheque accompanies my donation
I wish to pay by Visa/MC

Credit Card Number: Expiry Date:

Name as it appears on card: Signature:

My donation is intended for the St. Michael's Centre:

Extended Care Hospice Wherever Most Needed

If your donation is being given to mark an occasion, please fill in the following:

Name of person being honoured:

Occasion: Memorial Anniversary Get Well Thank You
 Birthday Wedding Other Special Event: _____

Please send a card to:

Address:

*Your name and the occasion being honoured is stated on the card, but not the actual amount of the gift.
You will receive an official receipt for income tax purposes. (Registration # 119191211)*

Donations of \$1,000 or more are publicly recognized on our Donor Boards, in the Foundation Newsletter, and in other public relations activities.

If you do not wish to be publicly acknowledged, please indicate below by checking one or both:

Do not include my name: On Donor Boards In any public relations activity