

Mr. Mrs. Ms. Dr. Other

First Name _____ Last Name: _____

Address: _____ City: _____ Postal Code: _____

Home Phone: _____ Bus Phone: _____

Email: _____

- Tax receipts will be issued for all donations over \$20 with a complete name and valid address
- Donations under \$20 will be receipted upon request with a complete name and valid address
- All cheques should be made payable to: **Belleville General Hospital Foundation**

First and Last Name	Address, City, Postal Code	Email/Phone	Donation Amount	Collected

Outstanding Pledges: \$

Balance Remaining: \$

Total Collected: \$