

# Individual Donation Form

2015 ST. PAUL'S HOSPITAL FAMILY CAMPAIGN

## Contact

ISSUE TAX RECEIPT TO:  Individual  Company COMPANY NAME: \_\_\_\_\_

TITLE FIRST NAME LAST NAME

DEPARTMENT / DIVISION / PROGRAM

ADDRESS

EMAIL PHONE

I would like to receive news and event info from St. Paul's Hospital Foundation by email

## My gift (choose one)

I want to make a MONTHLY GIFT of \$ \_\_\_\_\_  
I authorize St. Paul's Hospital Foundation to withdraw this amount from my credit card (see below) or bank account on the 1st of every month (please attach void cheque). I understand I can revoke or change monthly donor authorization in writing or by calling 1.800.720.2983 with 30 days notice. I have certain recourse rights if any donation doesn't comply with this agreement. My financial institute or www.cdnpay.ca has more information.

I want to be a PAYROLL DONOR and authorize a deduction every pay period of \$ \_\_\_\_\_  
Please complete this form and St. Paul's Hospital Foundation will follow up with more information

I want to make a ONE-TIME GIFT of \$ \_\_\_\_\_

## Payment method (choose one)

Cheque Enclosed (Payable to St. Paul's Hospital Foundation)

Visa  Mastercard  Amex

CARDNUMBER EXPIRY DATE (MM/YY)

NAME ON CARD SIGNATURE

## Use of gift (choose one)

100% Greatest Needs

\_\_\_\_\_ % Greatest Needs (25% min to receive Lights of Hope recognition) and \_\_\_\_\_ % to \_\_\_\_\_

## Recognition (see Lights of Hope Recognition Chart for details on where your name may be displayed and applicable deadlines)

I give permission to list my name. My name should appear as: \_\_\_\_\_

Count my gift toward my group total. My group name is: \_\_\_\_\_

I request the Foundation to tell my group I made a gift. Please inform this person: \_\_\_\_\_

### Mail, drop off, or fax your donation to:

St. Paul's Hospital Foundation  
Suite 178 - 1081 Burrard Street  
Vancouver, BC V6Z 1Y6

Tel: 604.682.8206  
Fax: 604.806.8326  
scruikshank@providencehealth.bc.ca

### Donate online at [www.lightsofhope.com](http://www.lightsofhope.com)

Please allow up to four weeks for a tax receipt.  
Charitable registration number: 11925 7939 RR0001

