

Please complete this form and mail or fax it to the Foundation office:

St. Joseph's Care Foundation 223 Aylmer Street, Suite B-1 Peterborough, ON K9J 3K3 P: (705) 740-8074 F: (705) 743-7126

Please choose one of the following options: I would like to make a monthly gift of: ☐ Other \$ □\$10 □\$30 □ \$20 □\$15 ☐ From my credit card – I have included my credit card information below From my bank account – I have enclosed or faxed a sample cheque marked "VOID" Monthly giving allows our donors to spread their generosity over the entire year, saving time, money and postage. This service can be changed at any time by calling our office at (705) 740-8074. I would like to make a one-time gift of: □ \$100 □ \$75 □ \$50 □\$35 ☐ Other \$ Please select a payment method: Credit Card: ☐ Visa ☐ MasterCard Card Number: _____ Expiry: _____ Card Holder Name: Card Holder Signature: ____ My cheque is enclosed (made payable to the St. Joseph's Care Foundation) ☐ I wish to designate my gift for St. Joseph's at Fleming ☐ I wish my gift to remain anonymous **Contact Information:** Name: _____ Address #1: _____ Address #2: ________ City: _____ Province: ____ Postal Code: _____ Phone: () _____ Fax: () _____ Email Address: ____ My gift is in memory of: Please send acknowledgment of my gift to: His/her relationship to deceased: Address #1: ____ Address #2: City: _____ Province: ____ Postal Code: _____

Please send me information on making a planned gift \square

Comments: _____

We will send you an official tax receipt for all donations of \$10 or more, unless otherwise requested. St. Joseph's Care Foundation is committed to protecting donor privacy and maintaining the confidentiality of your personal information. The Foundation does not share donor information.

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