

# DONATION FORM



## DONOR INFORMATION

Individual  Organization: \_\_\_\_\_

Title \_\_\_\_\_ First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Title \_\_\_\_\_ First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Prov \_\_\_\_\_ PC \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Name will appear as above for recognition purposes unless advised otherwise.  I wish my gift to be anonymous.

## PAYMENT INFORMATION

Amount:  \$25  \$50  \$100 Other: \_\_\_\_\_  One time

Monthly (on the 15th of each month)  Pledge (\$ \_\_\_\_\_  Monthly  Yearly \$ \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_)

Payment Type:  Visa  Mastercard  Cheque Enclosed (marked "VOID" for monthly donations)

Credit Card # \_\_\_\_\_ Expiry \_\_\_\_\_ CSV \_\_\_\_\_

Name on Card \_\_\_\_\_

Additional Information: I wish to make a:  Share Transfer  Planned Gift (visit [ruh.org](http://ruh.org) for more information or contact our office)  My company will match my gift! Organization Name: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Prov \_\_\_\_\_ PC \_\_\_\_\_

## ABOUT MY GIFT

My Gift is:  In Memory  In Honour  As a grateful patient or family member

In Memory of \_\_\_\_\_ In Honour of \_\_\_\_\_

Please notify the following individual of this gift:

Title \_\_\_\_\_ First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Prov \_\_\_\_\_ PC \_\_\_\_\_

All donations support pressing priorities at RUH unless otherwise specified \_\_\_\_\_

## YOUR SUPPORT SAVES LIVES. THANK YOU!

A charitable tax receipt will be issued for donations of \$20 or more and once per year for monthly donations.

Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

RUH Foundation • 103 Hospital Drive • Saskatoon, SK S7N 0W8  
P. 306.655.1984 • F: 306.655.1979 • E: [info@ruh.org](mailto:info@ruh.org) • W: [ruh.org](http://ruh.org)  
Charitable Registration No. 11927 9131 RR0001

RUH Foundation respects your privacy and protects your personal information. We do not sell or exchange information with other organizations.