

Honour Program

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Please mail to: Trenton Memorial Hospital Foundation 242 King St., Trenton, On, K8V 5S6

Thanks for thinking of your Hospital and for taking part in our Honour Program. To Participate in the Honour Program simply complete and print the form below and return it to the Foundation Office.

<p>Trenton Memorial Hospital Foundation <i>is the grateful recipient of an honour gift from</i></p> <p><input type="text"/></p> <p>in honour of</p> <p><input type="text"/></p> <p><input type="checkbox"/> Please send an In Honour card to</p> <p><input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms <input type="checkbox"/> Miss</p> <p>Name <input type="text"/></p> <p>Address <input type="text"/></p> <p>City <input type="text"/></p> <p>Prov. <input type="text"/></p> <p>PC <input type="text"/></p> <p>Please Sign The Card</p> <p><input type="text"/></p>	<p>ENCLOSED IS MY (OUR) DONATION OF \$ <input type="text"/></p> <p><input type="checkbox"/> Cheque Enclosed</p> <p><input type="checkbox"/> Please Charge my Credit Card</p> <p>Card Number <input type="text"/></p> <p>Expiry Date <input type="text"/></p> <p>For Receipt Purposes please mail to:</p> <p><input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms <input type="checkbox"/> Miss</p> <p>Name <input type="text"/></p> <p>Address <input type="text"/></p> <p>City <input type="text"/></p> <p>Prov <input type="text"/></p> <p>PC <input type="text"/> Ph. <input type="text"/></p>
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