

# Memorial Program

## Give To Life

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 Memorial Program. To Participate in the Memorial Program simply complete and print the form below and return it to the Foundation Office.

<p><b><u>Trenton Memorial Hospital Foundation</u></b> <i>is the grateful recipient of a memorial gift from</i></p> <p><input type="text"/></p> <p><i>in memory of</i></p> <p><input type="text"/></p> <p><b>may you be comforted at this time in the knowledge that this gift will aid others</b></p> <p><input type="checkbox"/> Please send a sympathy 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><b>Please Sign The Card</b></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"/> Prov. <input type="text"/></p> <p>PC <input type="text"/> Ph. <input type="text"/></p>
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All donations will be recognized and issued a charitable receipt.  
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