

## Donation Form

Thank you for your support to fund equipment, programs and services, and capital needs at the Stanton Territorial Hospital.

### Contact Information:

Name: \_\_\_\_\_  
(First) (Last)

Mailing Address (for tax receipt purposes):

\_\_\_\_\_  
(Apt) (Address) (City)  
\_\_\_\_\_  
(Terr./Prov) (Postal Code) ( )  
(Phone Number)

### Payment Information (Visa or MasterCard):

\_\_\_\_\_  
(Name on card) (Signature)  
\_\_\_\_\_  
(Card number) /  
(Expiry date)

### Donation Information:

I would like to donate: \$ \_\_\_\_\_

I would like my donation to be directed to:

- Greatest Need
- General Equipment
- Other (please specify): \_\_\_\_\_

I am supporting the Stanton Territorial Hospital because:

- In memorial (name): \_\_\_\_\_
- My family member was well cared for recently
- I believe in the cause
- I heard about your current needs



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