



GRACE HOSPITAL  
FOUNDATION



## Donation Form

Your gift to Grace Hospital Foundation directly supports patient care enhancements that would not otherwise be funded by the government, and helps assure that every patient who comes to the Grace has access to the best care possible.

Donor Name: \_\_\_\_\_

Home Address \_\_\_\_\_ Unit/Apt. # \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Donation Type  General Patient Care Fund  Memorial Tribute (Please fill out information below)  Envision Our Grace Capital Campaign  
 Grateful Patient  COVID-19 Fund  Monthly Giving

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

Next of Kin Name \_\_\_\_\_

Next of Kin Address \_\_\_\_\_

Total Donation Amount \$ \_\_\_\_\_ Monthly Contribution Amount: \$ \_\_\_\_\_ per month

Payment Type:  Cash  Cheque (Payable to "Grace Hospital Foundation")  Credit Card:  Visa  Master Card  AMEX

Credit Card Number \_\_\_\_\_

Card Expiry Date \_\_\_\_/\_\_\_\_/\_\_\_\_ 3-Digit CVV Code \_\_\_\_\_

Additional notes or messages: \_\_\_\_\_

Please contact the Grace Hospital Foundation at 204-837-0375 if you have any questions.

*Thank you for your support!*