



Mail in Donor Form

Thank you for choosing to support Seven Oaks Hospital. Your gift works to help us help others and directly improve healthcare services, programming and facilities here at the hospital.

Please use this form to mail or email your donation. If you have a special request or any questions, please do not hesitate to contact us at: (204) 632-3552.

Mail your completed form along with your donation to:

Seven Oaks General Hospital Foundation
2300 McPhillips Street
Winnipeg, Manitoba R2V 3M3

Donor Information:

First Name:		Last Name:	
Address:			
City:		Province:	
Country:		Postal Code:	
Email:		Phone:	

Donation:

Donation Amount: \$50 \$100 \$500 \$

My cheque is enclosed

Please charge my credit card

Credit Card Number:	Expiry Date:
Cardholder Name:	

Is your donation in memory or in honor of someone special? If so please fill out the remained of this form.

- In memory**
Remember someone special by giving a gift in their memory. Seven Oaks Hospital Foundation will send a card acknowledging your thoughtful donation to the person of your choice.
- In honor**
Give a gift to honor someone close to you for a birthday, an anniversary, a wedding, to celebrate a birth of baby, or other special occasion. Seven Oaks Hospital Foundation will send a card acknowledging your thoughtful donation to the person of your choice.

Who is this donation in memory or in honor of?

First Name:		Last Name:	
Occasion (in honor donations):			
Please send an acknowledgement of my donation to:			
First Name:		Last Name:	
Address:			
City:		Province:	
Country:		Postal Code:	
Email:		Phone:	