

DONATION FORM

<input type="checkbox"/> Covenant Foundation	<input type="checkbox"/> Grey Nuns Community Hospital	<input type="checkbox"/> St. Joseph's Home
<input type="checkbox"/> Banff Mineral Springs Hospital	<input type="checkbox"/> Holy Cross Manor	<input type="checkbox"/> St. Margeurite Manor
<input type="checkbox"/> Chateau Vitaline	<input type="checkbox"/> Martha's House	<input type="checkbox"/> St. Michael's Health Centre
<input type="checkbox"/> Dulcina Hospice	<input type="checkbox"/> Misericordia Community Hospital	<input type="checkbox"/> St. Therese Villa
<input type="checkbox"/> Edmonton General Continuing Care Centre	<input type="checkbox"/> Saint Thomas Health Centre	<input type="checkbox"/> Villa Caritas
<input type="checkbox"/> Evanston Summit	<input type="checkbox"/> St. Joseph's Auxiliary Hospital	<input type="checkbox"/> Villa Marie
<input type="checkbox"/> Foyer Lacombe	<input type="checkbox"/> St. Joseph's General Hospital	<input type="checkbox"/> Youville Home
Donor Name:		
Address:		
City:		Province:
Postal Code:		Phone:
Email:		
Would you like to receive news and updates from Covenant Foundation by <input type="checkbox"/> mail and/or <input type="checkbox"/> email?		
<small>The information you provide is collected for the purpose of documentation and soliciting donations for Covenant Foundation. Covenant Foundation will not share, trade, or sell your personal information unless authorized or required by law. If you have any questions regarding this collection of information, please call: 780.342.8126</small>		
Date:		Gift Amount: \$
Payment Method:		
<input type="checkbox"/> Cash <input type="checkbox"/> Cheque/Money Order <input type="checkbox"/> Debit <input type="checkbox"/> Credit Card (Visa, MC, AMEX)		
Name on Card:		Card Number:
		Expiry Date:
		CVV:
Card Holder Signature:		
<input type="checkbox"/> Memorial Gift <i>In Memory Of:</i> <i>Next of Kin:</i>		<input type="checkbox"/> Tribute Gift <i>In Honour Of:</i> <i>Occasion:</i>

Donation to Support:	Donor Restrictions:
<input type="checkbox"/> Area of Greatest Need <input type="checkbox"/> Other (please specify)	<input type="checkbox"/> Unrestricted <input type="checkbox"/> Resident Care & Comfort <input type="checkbox"/> Construction <input type="checkbox"/> Programs & Services <input type="checkbox"/> Education & Training <input type="checkbox"/> Research <input type="checkbox"/> Equipment <input type="checkbox"/> Staff Appreciation & Recognition

FOR FOUNDATION INTERNAL USE:

Received by:	Received via:	Date:
	<input type="checkbox"/> Phone <input type="checkbox"/> Gardaworld <input type="checkbox"/> In Person <input type="checkbox"/> Email <input type="checkbox"/> Other _____	