

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. Teresa Place
<input type="checkbox"/> Edmonton General Continuing Care Centre	<input type="checkbox"/> Saint-Thomas Health Centre	<input type="checkbox"/> St. Therese Villa
<input type="checkbox"/> Evanston Summit	<input type="checkbox"/> St. Joseph's Auxiliary Hospital	<input type="checkbox"/> Villa Caritas
<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:

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Would you like to receive news and updates from Covenant Foundation by mail and/or email?

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Date:

Gift Amount: \$

Payment Method:

Cash

Cheque/Money Order

Debit

Credit Card (Visa, MC, AMEX)

Name on Card:

Card Number:

Expiry Date:

CVV:

Card Holder Signature:

Memorial Gift

In Memory Of:

Next of Kin:

Tribute Gift

In Honour Of:

Occasion:

Donation to Support:

Area of Greatest Need

Other (please specify)

Donor Restrictions:

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Other _____

Date: