

## OFFLINE DONATION FORM

If you receive a cash or cheque donation, please fill out the form below and mail it to St. Michael's Hospital Foundation. **Please include donation cheque, but if you receive cash donations, we request that you deposit the money and either make out a cheque or send a money order for that same amount to St. Michael's Hospital Foundation.** Once we receive all necessary information, a tax receipt will be issued to the donor(s). Tax receipts will be issued for donations of \$20 and above and in accordance with CRA guidelines. Please allow 2-3 weeks from receipt of the form for processing. If you have questions: [fundraise@stmichaelsfoundation.com](mailto:fundraise@stmichaelsfoundation.com).

### Form Submitted by:

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Donor Name	Email Address	Mailing Address <i>Please include: Street Address, Unit Number, City/Town, Province, Postal Code</i>	Donation Amount	Method* <i>(cash or cheque)</i>	Tax Receipt Requested <i>(Y/N)</i>
<p><b>*Please do not send cash by mail. We request that you deposit the money and either make out a cheque or send a money order for that same amount.</b></p> <p>Cheque and/or money orders should be made to St. Michael's Hospital Foundation</p>			Total Cash Donations:	Total Cheque Donations:	
			\$	\$	
			Please include the total cash and cheque donation amount with this form		

**St. Michael's  
Foundation** / ST. MICHAEL'S HOSPITAL  
PROVIDENCE HEALTHCARE

St. Michael's Foundation | 30 Bond Street, Toronto, ON M5B 1W8 | Charitable Registration #122963663RR0001



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