

## DONATION FORM

Please complete this form and send to:

Donations

Fax: (519) 645-6982

Or mail to: McCormick Home Foundation, 2022 Kains Rd., London, ON N6K 0A8

### DONATION TYPE

- General Donation     
  McCormick Home     
  Alzheimer Outreach Services  
 In memory of: \_\_\_\_\_  
 In honour of: \_\_\_\_\_

### DONOR INFORMATION

- Mr.     Mrs.     Ms.     Miss     Mr. & Mrs.     Dr.     Other: \_\_\_\_\_  
 First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Suite: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Home Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

### DONATION DETAILS

- \$500     \$250     \$100     \$75     \$50     Other: \$ \_\_\_\_\_  
 Cheque (please make payable to McCormick Home Foundation)  
 Credit Card     Visa     MasterCard  
 Card #: \_\_\_\_\_ Expiry Date: \_\_\_\_/\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### **If donation is in memory or in honour, please send acknowledgment card to:**

- No card required       Please send acknowledgement card to:  
 First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Suite: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
 Yes, McCormick Home Foundation can provide your address to the recipient of this card.

McCormick Home Foundation strives to support quality of life enhancements for McCormick Home Residents and clients of Alzheimer Outreach Services. At the heart of McCormick Home Foundation is our commitment to direct your gifts to the programs and services important to you. We are only able to do this with the support of generous and caring individuals, corporations, foundations and other service groups. If you would prefer to not receive updates from us in the future, please check this box.