

**St. Paul's Hospital Foundation** 1702 20<sup>th</sup> Street West Saskatoon, Saskatchewan S7M 0Z9 Phone: (306) 655-5821 Fax: (306) 655-5825

Encl	osed is my donation for: \$	_ Date:
	Cheque (payable to St. Paul's Hospital Found	ation)
	Visa #:	<del></del>
	Mastercard #:	<del></del>
Expi	ry Date:	
Sign	ature:	-
Nam	e:	Title (Mr., Mrs., Ms., Dr.):
	ess:	
	Town:	
E-ma	ail:	Phone:
For r	ecognition purposes, I would like to be identified	as:
	ease send me information about Planned Giving	}
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	lease do not include my name in any Foundation	Materials
□ PI	ease do not include my name in any Foundation lease send me information about donating via a	
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□ PI □ PI Spec	ease send me information about donating via a	pre-authorized payment plan
□ PI □ PI  Spec □ W	lease send me information about donating via a cific area for donation:  There the need is greatest   Other:	pre-authorized payment plan
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