



# Donations to the Halton Trauma Centre

*Please print this form and mail or fax to:*

**Halton Trauma Centre**  
60 Lakeshore Road West  
Oakville, Ontario L6K 1E1  
[t] 905.825.3242 • [f] 905.825.3276  
[e] fundraising@haltontraumacentre.ca

Name: \_\_\_\_\_

Organization/Company (if applicable): \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

## Make a Single Gift

Gift Amount: \$ \_\_\_\_\_

Please select one:  Visa  Mastercard  Amex  Cheque, payable to the Halton Trauma Centre

## Make a Monthly Gift

I would like to give a monthly gift through auto-debit. Enclosed is a blank VOID cheque.

I would like to give a monthly gift on my credit card:  Visa  Mastercard  Amex

*I hereby authorize the Halton Trauma Centre to make automatic MONTHLY withdrawals from my bank account or credit card, as indicated. I understand that I may cancel this authorization by notifying the Halton Trauma Centre in writing.*

Signature: \_\_\_\_\_ Date: MM/DD/YY

**Note:** *A single tax receipt for each year's contributions will be sent at the beginning of the next calendar year. Monthly deductions will be processed on the 25th of each month.*

## Credit Card Information:

Credit Card# \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Today's Date: MM/DD/YY