



## I Would Like To Participate in the Southlake Family Campaign!

### Personal Information (please print clearly)

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_  
DEPARTMENT \_\_\_\_\_ HOSPITAL EXT. \_\_\_\_\_  
PREFERRED EMAIL: \_\_\_\_\_  
HOME ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ PROV \_\_\_\_\_ POSTAL CODE \_\_\_\_\_ HOME PHONE \_\_\_\_\_

### Donation Information

I would like to donate \$ \_\_\_\_\_ to support:

- Transform a Life* (unrestricted)     *love lives here* Hospice campaign     Mental Health Expansion (PICU)  
 Essential Equipment Needs (all areas)

I would like to donate \$ \_\_\_\_\_ to support a Specific Department/Program:

- Cancer Care     Cardiac Care     Emergency     Maternal Child     Medical     Mental Health  
 Paramedical Services     Research & Innovation     Surgery    **Total Donation: \$ \_\_\_\_\_**

### Payment Schedule

- My full gift is included with this gift confirmation form  
 My gift will be paid over the period \_\_\_\_\_ to \_\_\_\_\_ (max of 3 years) starting  
\_\_\_\_\_ Year \_\_\_\_\_ Year  
\_\_\_\_\_, to be paid  annually     monthly     twice yearly     four times yearly  
day/month

### Payment by Payroll

- Payroll Donation    Employee number \_\_\_\_\_     I prefer One time only = \$ \_\_\_\_\_  
on \_\_\_\_\_ (date) **OR**  I prefer \$ \_\_\_\_\_ per Pay Period starting on: \_\_\_\_\_ (date)  
until I ask you in writing (or email) to stop: [foundation@southlakeregional.org](mailto:foundation@southlakeregional.org)

### Other Methods of Payment

- Cash     Cheque     VISA     MasterCard     American Express

### Credit Card Information

Name On Credit Card (please print) \_\_\_\_\_  
Credit Card Number \_\_\_\_\_ Expiry \_\_\_\_\_  
Signature \_\_\_\_\_

### Confirmation

**Your Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## THANK YOU FOR SUPPORTING OUR HOSPITAL!

Please note that names of donors, honorees, and/or gift range may be listed in a variety of Southlake publications. If you wish your gift to remain anonymous, please check the box below.

- I prefer my gift to be Anonymous

*A portion of your gift will be allocated to cover Foundation expenses necessary to raise millions of dollars annually and to help support the Hospital's priority needs not covered by other funding. The Southlake Foundation Board establishes and monitors the allocation amount as part of the annual budgeting process.*