

DONATION FORM

Please complete this form and send to:

Donations Fax: (519) 645-6982

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

DONATION TYPE

General Donation

McCormick Dementia Services

McCormick Home

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 Care 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:

Message (if any) _____

First Name: _____ Last Name: _____

Address: _____ Suite: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ Fax: _____ Email: _____

Yes, McCormick Care Foundation can provide your address to the recipient of this card.

McCormick Care Foundation strives to support quality of life enhancements for McCormick Home Residents and clients of McCormick Dementia Services. At the heart of McCormick Care 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.