

DONATION TYPE

Highest Priority Needs McCormick Home McCormick Dementia Services

Special Instructions (if any) _____

Gift in Memory or in Honour of: _____

No Card Required Please send acknowledgement card to:

First Name _____ Last Name _____

Address _____ Suite # _____

City _____ Province _____ Postal Code _____

Message (if any) _____

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

DONOR INFORMATION

Mr. Mrs. Mr. & Mrs. Ms. Miss Dr. Other: _____

First Name _____ MI _____ Last Name _____

Address _____ Suite # _____

City _____ Province _____ Postal Code _____

Home/Cell Phone _____ Bus. Phone _____ Email _____

Company Name and Address *(if applicable)* _____

DONATION DETAILS

\$50 \$75 \$150 \$300 \$500 Other: \$ _____

Cash Visa MC AMEX Cheque *Please make cheques payable to: McCormick Care Foundation*

Credit Card # _____ Expiry Date _____ CVV (3 digit # on back of card) _____

We believe championing for the health and well-being of residents, clients, and families of McCormick Care Group is one of the most powerful ways to support our community. *Together with your support we will continue to support and help advance dementia and long-term care in our community. Thank you!*