



General Donation Form

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: _____ Email: _____

I am pleased to support Orillia Soldiers' Memorial Hospital by making a donation of \$_____ to the OSMH Foundation in support of:

- Equipment and technology
- Education
- The greatest needs of the hospital
- A specific department within the hospital: _____

In Memory/Honour of: _____

Please notify the following individual of my donation:

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Method of Payment:

- Cheque (*Please make payable to: OSMH Foundation*)
- Visa MasterCard Amex # _____ Exp. ____ / ____

Signature: _____ Date: _____

Please return this form in the envelope provided or send to:

Mark Riczu, Executive Director

Orillia Soldiers' Memorial Hospital Foundation 146 Mississauga Street W., Orillia ON L3V 3B3

Phone (705) 325-6464 Fax:(705) 325-4693 email: mriczu@osmh.on.ca

Toll Free: 1-877-471-8120 ext. 3175