



Name: _____

Address: _____

City: _____ Prov: _____ PC: _____

Phone #: _____ Email: _____

My campaign gift will support:

- Earlier, More Accurate Diagnosis
- Improved Surgical, Emergency and Critical Care
- Healthy Women, Babies and Children
- Better Care for Seniors
- Investing in our Healthcare Champions
- Emerging Areas of Greatest Need

Donation Amount: _____

Method of Payment:

- Cheque (Please make payable to: Soldiers' Foundation)
- Credit Card: _____ EXP: __/__/__ CVV _____
- Gift of Securities (Please contact us for more information)
- Online

Signature: _____ Date: _____

In Memory/Honour of: _____

Please notify the following of my donation:

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: _____ Email: _____