



Donation Form

All funds collected will be designated to support the VAD Program at the Mazankowski Alberta Heart Institute.

Donor Information

Title: Mr. Mrs. Ms Miss Dr.

First Name _____ Last Name _____

Is this donation on behalf of a company or organization? Yes No

Company/Organization Name _____

Address _____

City _____ Province _____ Postal Code _____

Phone _____

Donation Information

Please make cheques payable to the **University Hospital Foundation**.
Note Team Smoliak on the memo line.

Date _____

Donation Amount \$25 \$50 \$75 \$ _____

Payment Type: Cash Cheque Credit

Credit Card Type: Visa Mastercard AMEX

Credit Card Holder:

First Name _____ Last Name _____

Company/Organization Name _____

Credit Card Number _____ Expiry _____

Signature _____

I would like my donation recognized the following way: VAD Program – Mazankowski Alberta Heart Institute

The University Hospital Foundation issues receipts for gifts of \$25 or more, or upon request.

The University Hospital Foundation respects your privacy. We handle your gifts with care – we do not rent, sell or trade our donor's names. The information you provide will be used to inform you of the activities of the University Hospital Foundation, including programs, services, publications, special events and fundraising activities. If, at any time, you wish to be removed from any of these contacts, please phone us at (780) 407-7007, and we will gladly accommodate your request.

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