

If you receive a cash or cheque donation, please fill out the form below and mail it to St. Michael's Hospital Foundation (30 Bond Street, Toronto, Ontario, M5B 1W8, Canada). **Please include donation cheque, but if you receive cash donations, we request that you deposit the money and either make out a cheque or send a money order for that same amount to St. Michael's Hospital Foundation.** Once we receive all necessary information, a tax receipt will be issued to the donor(s). Tax receipts will be issued for donations of \$20 and above and in accordance with CRA guidelines. Please allow 2-3 weeks from receipt of the form for processing. If you have questions: PaddleRoyale@smh.ca

Form Submitted by:

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____ City: _____ Province: _____ Postal Code: _____

Telephone: _____ Email: _____

Please print clearly.

Donor Name (Full Name)	Email Address	Mailing Address <i>Please include: Street Address, Unit Number, City/Town, Province, Postal Code</i>	Donation Amount	Method* (cash or cheque)	Tax Receipt Requested (Y/N)

***Please do not send cash by mail. We request that you deposit the money and either make out a cheque or send a money order for that same amount.**

Cheque and/or money orders should be made to St. Michael's Hospital Foundation.

Total Cash Donations:
\$

Total Cheque Donations:
\$

Please include the total cash and cheque donation amount with this form.



OFFLINE DONATION FORM

ADDITIONAL DONORS

Please print clearly.

Donor Name (Full Name)	Email Address	Mailing Address <i>Please include: Street Address, Unit Number, City/Town, Province, Postal Code</i>	Donation Amount	Method* <i>(cash or cheque)</i>	Tax Receipt Requested (Y/N)

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