



## Donation Form

### Donor Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*Lions Gate Hospital Foundation would like to keep you up to date with our latest news by sending you our e-newsletter once a quarter. You can unsubscribe at any time.*

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**I would like to make a special gift of:** \$ 25 \$ 50 \$100  Other \$ \_\_\_\_\_

YES! I want to become a monthly donor and improve care at LGH

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For **credit card payment**, please complete the following:

Please use my:  Visa  MasterCard  American Express

Name on Credit Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Signature: \_\_\_\_\_

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Please return this form either in person or via post to  
**Lions Gate Hospital Foundation**  
231 15th Street E. North Vancouver, BC V7L 2L7

Phone: 604-984-5785 Fax: 604-984-5786  
info@lghfoundation.com

*Thank you for your generous support*