

ST. JOSEPH'S FOUNDATION OF THUNDER BAY

Yes! I/We want to help St. Joseph's Care Group with a gift to St. Joseph's Foundation

Please print and complete this form and send by fax 807-768-8820 or email sjftb@tbh.net

St. Joseph's Foundation of Thunder Bay

63 Carrie Street

Thunder Bay, ON P7A 4J2

To donate immediately by credit card call **807-768-4411**. If you have any questions please call 807-768-4411 or email sjftb@tbh.net for more information.

Donor Information:

Mr Mrs Ms Miss Dr. Other _____

Name (please print) _____

Street Address _____

City & Province/State _____

Postal/Zip Code _____ Home Phone _____

Work Phone _____ Fax (if applicable) _____

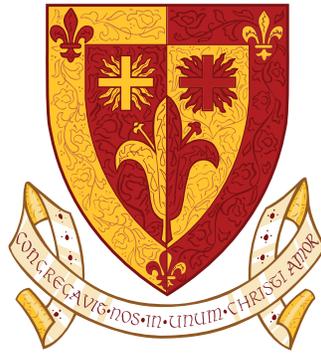
Email _____

Company Name (for corporate donation only) _____

My/Our contribution amount is \$35 \$50 \$100 \$500 \$1,000 Other

Monthly Giving Option

I/We wish to pledge \$_____ (minimum \$5) per month. I authorize St. Joseph's Foundation to charge my credit card for my monthly donation. I understand that my tax receipt will be issued once a year. I can change my agreement by notifying St. Joseph's Foundation at any time.



ST. JOSEPH'S FOUNDATION OF THUNDER BAY

I/We provide this gift with the following method:

Cheque enclosed (payable to St. Joseph's Foundation of Thunder Bay)

Credit Card (check one) VISA Mastercard American Express

Card Number _____

Expiry Date _____

Signature _____ Date _____

Please direct my donation to: Where most needed Other _____

Is this a tribute gift?

Yes No

In memory of _____ In honour of _____

Acknowledgement of gift to be sent to:

Mr Mrs Ms Miss Dr. Other _____

Name (please print) _____

Street Address _____

City & Province/State _____ Postal/Zip Code _____

Planned Giving Option

Please send me information about including a gift to
St. Joseph's Foundation of Thunder Bay in my Will.

Thank you for your gift!