



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 sjcg.foundation@tbh.net or mail to:

St. Joseph's Foundation of Thunder Bay
63 Carrie Street
Thunder Bay, ON P7A 4J2

To donate immediately by credit card call **807-768-4440**. If you have any questions please call 807-768-4440 or email sjcg.foundation@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.



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☐ **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 _____

CVV _____

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!