



TO MAKE A DONATION BY MAIL, EMAIL OR FAX, PLEASE PRINT THE DONATION FORM, AND SEND YOUR DONATION TO THE MOUNT SINAI HOSPITAL FOUNDATION. PLEASE MAKE ALL CHEQUES PAYABLE TO THE MOUNT SINAI HOSPITAL FOUNDATION.

Mount Sinai Hospital Foundation
5690 boul. Cavendish
Montreal, QC H4W 1S7

T. 514.369.2222 #1299
F. 514.369.3378
E. info@mountsinaifoundation.org

DONATION INFORMATION

I would like to make a donation of: \$35 \$50 \$75 \$100 Other: \$_____

one time only monthly

Please designate this donation to: Annual Campaign Governor's Circle Sinai Rally
 Other _____

DONOR INFORMATION

Personal donation On behalf of an organization
 English French

First and last name _____

Company name (if applicable) _____

Email _____

Home phone number _____ Work / Cell number _____

Address _____

City _____ Province/State _____ Postal code / Zip _____

PAYMENT INFORMATION Cheque (enclosed) MasterCard Visa American Express

Credit card number _____ Exp: ____/____

Name on card _____

IN MEMORIAM / TRIBUTE DONATIONS

I would like to make a donation in memory in honor of: _____

We will notify the family indicating that you have made a donation to the Mount Sinai Hospital Foundation. Please provide their name, their address and any message to the family.

First and last name _____

Address _____

City _____ Province/State _____ Postal code / Zip _____

Your message _____

THANK YOU FOR SUPPORTING THE MOUNT SINAI HOSPITAL FOUNDATION. YOUR PHILANTHROPIC GIFT WILL BE PUT TO USE IMMEDIATELY TO IMPROVE THE QUALITY OF PATIENT CARE.