

Donation Form

Zonta Club of Oakville

Gift Amount: \$
First Name:
Last Name:
Address:
City:Prov:Postal Code:
Telephone:
E-mail:
□ Cash □ Cheque □ Visa □ M/C □ Amex
Signature:
Please make cheques payable to the Oakville Hospital Foundation.
All donations of \$20 or more will receive a tax receipt.

Oakville Hospital Foundation 3001 Hospital Gate, Oakville ON L6M 0L8 Charitable Number 13145-3490-RR0001