

# HAHNEMANN COLLEGE FOR HEILKUNST



## Donation Form

### **YES, I would like to help with my donation!**

- Monthly Giving of \$ \_\_\_\_\_  
 One-Time Gift of \$ \_\_\_\_\_  
 In Memoriam Gift of \$ \_\_\_\_\_

### **I would like my donation to be applied to:** (check all that apply)

- Capital Fund     Alumni Scholarship Fund  
 Dr. Samuel Hahnemann Scholarship Fund     Mary Margaret Whitelaw Memorial Fund  
 No preference

Name: \_\_\_\_\_ Mr./Mrs./Ms/Dr. (Circle one)

Street: \_\_\_\_\_

Town: \_\_\_\_\_ Province/State: \_\_\_\_\_

Country: \_\_\_\_\_ ZIP/Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

### **Payment options:**

- Enclosed please find my cheque for \_\_\_\_\_. (*Please make cheques payable to HCH Trust*)  
 I am further enclosing \_\_\_ post-dated monthly cheques.  
 I wish to make payments by credit card:  
 Single Payment of \_\_\_\_\_  
 \_\_\_ Monthly Payments of \_\_\_\_\_ each (one credited now, the others monthly over the next \_\_\_ years)

Name on Card: \_\_\_\_\_ VISA M/C Amex (Circle one)

Card #: \_\_\_\_\_ Expiry Date: \_\_\_\_/\_\_\_\_

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

- I wish to receive a charitable receipt  
(*Charitable receipts are issued for Canadian donations of \$20 or more.*)

### **Send form to the Hahnemann Center at:**

Fax: 613-692-0183 (call 613-692-6950 if you have any problems)

E-mail to: [trust@heilkunst.com](mailto:trust@heilkunst.com)

Mail to: Hahnemann Center for Heilkunst, 1143 Mill Street, Manotick ON K4M 1A3 Canada

***Thank You!***