

Footprints of the Future Order Form

Donor Information:

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ Email: _____

Minimum contribution of \$100 each. Tax receipts will be issued for all contributions.

Amount enclosed: \$ _____

MC VISA Number: _____ Expiry: _____

Signature: _____

Footprint of the Future Recipient Information

CHILD ONE	CHILD TWO
Child's Name (as you wish it to appear)	Child's Name (as you wish it to appear)
Child's Date of Birth ____ / ____ / ____ mm / dd / yy	Child's Date of Birth ____ / ____ / ____ mm / dd / yy
Child's Address:	Child's Address:
Your relation to child:	Your relation to child:

Please use the space below to note any special instructions, for instance, placement of footprint with sibling, request to mail certificate to donor not child...

Please complete and mail with donation to:
 The Foundation of Guelph General Hospital, 115 Delhi Street, Guelph, ON N1E 4J4
 or fax 519-822-1825