



## In Memoriam Donation Form

Thank you for thoughtfully and generously making a donation in Memory of someone special today. Thank you also for choosing the Spina Bifida & Hydrocephalus Association of Ontario. Your gift will support vital programs, public education and research. Every gift you make really does help improve the lives of everyone living with spina bifida and/or hydrocephalus.

An acknowledgement will be mailed to the family or person you designate.

**In memory of:** Salutation \_\_\_\_\_ First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Family/Individual to receive acknowledgement \_\_\_\_\_

Their address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

**You may provide a personalized message or select from the following options:**

- Our thoughts are with you at this time
- My thoughts are with you at this time
- With deepest sympathy
- Our condolences to you and your family
- My condolences to you and your family

**Or your personalized message** \_\_\_\_\_  
\_\_\_\_\_

**Your name:** Salutation \_\_\_\_\_ First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Your address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone Number (Day) \_\_\_\_\_

Gift Amount \$ _____	Payment Type	<input type="checkbox"/> Cheque	Please make cheque payable to SB&H.
<input type="checkbox"/> Credit Card	<input type="checkbox"/> Visa	<input type="checkbox"/> Amex	<input type="checkbox"/> Master Card
Card Number _____	Expiry Date _____		
Name on Card _____	Cardholder Signature _____		

**Please mail this completed form together with payment to:**

Spina Bifida & Hydrocephalus Association of Ontario  
16 Four Seasons Place,  
Suite 111  
Toronto, ON M9B 6E5

**If paying by credit card, you may fax the form to us at 416-214-1446**

**Thank you for your donation.**