



Authorization for One-Time Donation

Mailing Address: P.O. Box 458, Belleville, ON K8N 5B2 or Fax to (613)967-0128

Full Name: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Email: _____

Telephone: (____) _____

Please make cheques payable to the "Hastings Manor Fund"

Cheque Cash Credit Card Please circle: MC or VISA

Card #: _____ Expiry Date: ____/____/____

Name as it appears on Card: _____

Donation Amount: \$ _____

I authorize the Hastings Manor Foundation to charge my credit card as indicated above.

Date: _____ Signature of Cardholder _____

I would like my donation to go to a specific area:

- Picnic Pavillion Fund
- Alzheimer Care Fund
- Activation Fund
- Nursing Development Fund
- Palliative Care Fund
- Resident Comfort Fund

Tribute Gift

In Honour of: _____ In Memory of: _____
(Name) (Name)

Address of Honouree: _____
(Acknowledgements will be mailed indicating that a donation was made on their behalf.)