



ST. JOSEPH'S FOUNDATION OF THUNDER BAY

Supporting the works of the Sisters of St. Joseph in the District of Thunder Bay

Yes! I/We want to help St. Joseph's Care Group with a gift to St. Joseph's Foundation.

Please print and complete this form and mail or fax to:

St. Joseph's Foundation of Thunder Bay
63 Carrie Street
Thunder Bay, ON P7A 4J2

FAX: (807) 768-8820
EMAIL: sjftb@tbh.net

- **To donate immediately:** (by credit card) telephone (807) 768-4411
- **To make an inquiry:** telephone: (807) 768-4411 or email: sjftb@tbh.net

Donor Information:

Mr. Mrs. Ms Miss Dr. Other _____

First Name (please print) _____

Last Name _____

Street Address _____

City & Province/State _____ Postal/Zip Code _____

Home Telephone _____ Work Telephone _____

Fax (if applicable) _____ Email _____

Company Name (for corporate donations only)

My/Our contribution amount is \$35 \$50 \$100 \$500 \$1,000 Other \$ _____

Monthly Giving Option:

I/We wish to pledge \$ _____ (minimum \$5) per month. I authorize St. Joseph's Foundation to charge my credit card for my monthly donation. I understand that my tax receipt will be issued once a year. I can change my agreement by notifying St. Joseph's Foundation at any time.

I/We provide this gift with the following method:

Cheque enclosed (payable to **St. Joseph's Foundation of Thunder Bay**)

Credit card (check one): VISA Mastercard American Express

Card Number _____ Expiry Date _____

Signature _____ Date _____

Please direct my donation to:

Where most needed Other (please specify) _____

Is this a tribute gift? Yes No

In Memory Of _____

In Honour Of _____

Acknowledgement of gift to be sent to:

Mr. Mrs. Ms Miss Dr. Other _____

First Name (please print) _____

Last Name _____

Street Address _____

City & Prov./State _____ Postal/Zip Code _____

Planned Giving Option

Please send me information about including a gift to St. Joseph's Foundation of Thunder Bay in my Will.

Thank you for your gift!