

Yes!

I want to make a difference in the lives of seniors who call St. Michael's home

DONATION:

\$500 \$250 \$100 \$50

Other \$ _____

PAYMENT: One-time-gift Monthly-gift

Cash Cheque VISA MasterCard Other

Credit Card # _____

Expiry Date _____ CVV # _____

Signature _____

Tax receipts will be issued for donations over \$20. Donations can also be made online: **<https://smhg.ca/donate>**

Registered Charity #108032 483 RR0001

DONOR:

Name _____

How to recognize your donation (if different from above:)

Address _____

City _____ PC _____

Phone _____

Email _____

Cheques payable to:

St. Michael's Extended Care Centre Society



SMHG