

# IN MEMORY /HONOUR of

GNGH Foundation  
5546 Portage Rd.  
Niagara Falls, ON L2E 6X2

Donation amount: \$ \_\_\_\_\_

Payment Method:     cheque     visa     mastercard     other

Credit card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      expiry date: \_\_\_\_ / \_\_\_\_

**Please note that you can use your credit card to make a secure online donation by clicking the DONATE NOW button.**

Please issue a charitable tax receipt to:

Mr.      Name: \_\_\_\_\_  
 Ms.  
 Mrs.      Address: \_\_\_\_\_  
 Miss  
 Mr. & Mrs.      City: \_\_\_\_\_  
 Dr.  
  
Postal Code: \_\_\_\_\_  
  
Email: \_\_\_\_\_

Please direct this gift to the:

Area of Greatest Need

or

\_\_\_\_\_ (specify equipment or department)

This gift is being made     **in memory of**     **in honour of**

*Please send an acknowledgement of this gift to:*

\_\_\_\_\_  
Name of memorial/ honouree

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City