



## Hahnemann Trust for Heilkunst

### Donation Form

YES, I would like to help with my donation!

Monthly Giving of \$ \_\_\_\_\_

One-Time Gift of \$ \_\_\_\_\_

In Memoriam Gift of \$ \_\_\_\_\_

I would like my donation to be applied to: (check all that apply)

Capital Fund     Alumni Scholarship Fund     Dr. Samuel Hahnemann Scholarship Fund

Mary Margaret Whitelaw Memorial Fund                       No preference

Mr./Mrs./Ms/Dr. (Circle one) Name: \_\_\_\_\_

Street: \_\_\_\_\_

Town: \_\_\_\_\_ Province/State: \_\_\_\_\_

Country: \_\_\_\_\_ ZIP/Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Payment options:

Enclosed please find my cheque for \_\_\_\_\_. (Please make cheques payable to HCH Trust)

I am further enclosing \_\_\_ post-dated monthly cheques.

I wish to make payments by credit card:  Single Payment of \_\_\_\_\_

\_\_\_ Monthly Payments of \_\_\_\_\_ each (one credited now, the others monthly over the next \_\_\_ years)

Name on Card: \_\_\_\_\_ VISA M/C Amex (Circle one)

Card #: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ / \_\_\_\_\_

Signature: \_\_\_\_\_

*I wish to receive a charitable receipt (Charitable receipts are issued for Canadian donations of \$20 or more.)*

Send form to the Hahnemann Center at: Fax: 613-692-0183 (call 613-692-6950 if you have any problems)

E-mail to: registrar@homeopathy.com Mail to: Hahnemann Center for Heilkunst, 9-4338 Innes Rd.

Ottawa, ON K4A3W3 Canada **Thank You!**