



Giving Form – St. Mary’s General Hospital Foundation

Thank you for your interest in becoming a member of She Shares – St. Mary’s Women’s Giving Circle.

Please complete the following information:

Your information:

Name: _____

Email: _____ Telephone: _____

Street Address: _____

City: _____ Postal Code: _____

- Option A: I would like to pay my \$1,200 membership fee annually by cheque or credit card.
- Option B: I would like to pay my \$1,200 membership fee monthly by credit card. \$100 will be debited on the 30th of each month for 12 months.
- Option C: I am under 40 years old and would like to pay my \$600 membership fee annually by cheque or credit card.
- Option D: I am under 40 years old and would like to pay my \$600 membership fee monthly by credit card. \$50 will be debited on the 30th of each month for 12 months.

Payment Options

- A cheque is enclosed (made payable to St. Mary’s Hospital Foundation).
- Credit Card (complete information below)
 - Credit Card: Visa Mastercard AmEx
 - Card#: _____
 - Name on Card: _____
 - Expiry: ____/____
 - Signature: _____

Recognition

St. Mary's General Hospital Foundation would like to recognize our She Shares members on our website and other publications.

- I would like to be recognized as: _____
- I wish to give anonymously and not be named in Foundation communications.

She Shares Event

The annual membership fee for She Shares includes one ticket for our She Shares event. The She Shares event provides perspective and ideas of importance to the women of Waterloo Region. More details will follow with regards to this event.

Agreement

I understand that:

My donation will fund projects at St. Mary's General Hospital and will become part of a pool which will be disbursed collectively by She Shares members via democratic majority vote.

Signature

Date

My friend may also be interested in She Shares. Please contact:

Name: _____ Email: _____ Phone: _____

Please sign and return via mail, email or fax:

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