



Enclosed is a gift of \$ \_\_\_\_\_ from:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Postal Code \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

**Please make your cheque payable to the RVH Foundation**  
(Visa, MasterCard & AMEX accepted) and forward to:

**RVH Foundation, 201 Georgian Drive, Barrie, Ontario L4M 6M2**

RVH Foundation

Revenue Canada Charitable Organization No. 12524 9185 RR0001

Credit Card # \_\_\_\_\_ Exp \_\_\_\_\_

Visa  MasterCard  American Express

Name on Card: \_\_\_\_\_

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

I wish to support: \_\_\_\_\_

(area of greatest need, Simcoe Muskoka Cancer Centre, other area of hospital)

If this is a memorial donation please complete the following:

Name of deceased: \_\_\_\_\_

Next of Kin you wish us to notify (amount of gift is not divulged):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_