



The iCAPTURE Centre Endowment Fund

Date: _____

Name: _____

Address: _____

City _____ Prov _____ Pos. Code _____

Telephone: (Res) _____ (Bus) _____

Amount:

One time donation of \$ _____ **OR** \$ _____ per month

If monthly donation by cheque, please include a void cheque, or if by credit card, please fill out the credit card information

Method of Payment:

Cash Cheque Visa MasterCard Amex

Credit Card #: [][][][] - [][][][] - [][][][] - [][][][]

Expiry Date: [][] / [][]

Signature: _____

Please send your donation to:
St. Paul's Hospital Foundation
178 – 1081 Burrard Street
Vancouver, BC V6Z 1Y6
Fax: 604-806-8326

Or, to donate by phone, please call us at 604-682-8206 or 1-800-720-2983