

HAHNEMANN COLLEGE 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

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

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: trust@heilkunst.com

Mail to: Hahnemann Center for Heilkunst, 9-4338 Innes Rd, Ottawa, ON, K4A 3W3, Canada

Thank You!