

HÔTEL-DIEU GRACE HEALTHCARE *foundation*

CONTACT INFORMATION

Name: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

Email: _____

GIFT INFORMATION

Yes! I want to purchase an engraved paving stone for \$100. (Please enclose form in the envelope provided.)

Please etch the following on the paving stone (maximum of 12 characters per line, including spaces):

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PAYMENT METHOD

Cheque enclosed (payable to Hôtel-Dieu Grace Healthcare Foundation or HDGHF)

MasterCard Visa American Express

Card #: _____

Expiry: _____ / _____ CVV: _____

Cardholder's Signature: _____