	Tobermory Health Services Auxiliary 7275 Highway #6 Box 241 Tobermory, ON N0H 2R0		Canadian Registered Charity # 81025 3609 RR0001

Donations are payable to/received by the Tobermory Health Services Auxiliary to be used for the Tobermory Hyperbaric Facility. Tax receipts will be issued for amounts of $20 or more.

Donation Receipt Form

Contact Information		
Name		
Email Address		Phone:
Method of Payment	❑ Cash ❑ Cheque #_____	❑ Visa ❑ Mastercard
Amount of Donation	Cash _____ Cheque _____	Credit Card: **See Below**
Credit Card Billing Information		
Name On Card		
Credit Card Type	❑ Visa ❑ Master Card	
Person Authorizing		
Credit Card Number		
CVC Number	(last 3 digits on back of card)	
Expiry Date		
Address Information	**Address on Credit Card**	**Address for Tax Receipt**
Street / Box #		
City		
Province / State		
Country		
Postal Code / Zip		

Please select one of the following Payment Options:		
Once	Bill my credit **once** for the following amount.	$ _____
Monthly	Bill my credit card once per month for $ _____ for ____ months	TOTAL $ _____

Applicant agrees that all information provided is accurate and complete. Disputes to amounts invoiced should be immediately reported to Tobermory Health Services Auxiliary. Changes in the status of this card should be reported to Tobermory Health Services Auxiliary.

Donor Signature: _____ Date: _____

Received By: _____ Date: _____

Receipt Location: ❑ Tobermory ❑ Lion's Head ❑ Other: _____