



Victoria Medical Heritage Society Donation Form

One-Time Donation of: \$ _____

Pledge of: \$ _____ for 2 months ____ 4 months ____ 6 months ____

Cheques and Money Orders:

Please make payable to: **“The Victoria Medical Heritage Society”**

Credit Card: VISA ____ MasterCard ____

Credit Card Number: _____

Expiry Date: month [] year []

Signature: _____

Name: (please print) _____

Address: Apt. # _____ Street _____

City _____ Prov _____ Postal Code _____

Telephone: Home _____ Business _____

Special instructions - i.e. in memory of, acknowledgement to whom, etc.

(Use the back of this form if you require more space)

Please print this form, complete it and send it to:

Victoria Medical Heritage Society

190 -2334 Trent Street

Victoria, BC Canada V8R 4Z3

Thank you for your support!