



DONATION FORM

DONOR TYPE (PLEASE SELECT ONE)

INDIVIDUAL

ORGANIZATION

DONOR NAME _____

ADDRESS _____

TELEPHONE # _____

MOBILE # _____

EMAIL _____

WEBSITE _____

ONE TIME GIFT (PLEASE SELECT ONE. ALL AMOUNTS IN JAMAICAN DOLLARS)

\$5,000

\$10,000

\$50,000

\$100,000

\$500,000

OTHER

PLEASE ENTER YOUR ONE TIME GIFT AMOUNT HERE: _____

RECURRING GIFT (PLEASE SELECT ONE. ALL AMOUNTS IN JAMAICAN DOLLARS)

MONTHLY

QUARTERLY

ANNUALLY

PLEASE ENTER YOUR RECURRING GIFT AMOUNT HERE: _____

PAYMENT METHOD (PLEASE SELECT ONE)

CHEQUE

MONEY ORDER

CREDIT/DEBIT CARD

DIRECT DEPOSIT

IF PAYING BY CHEQUE, BANK DRAFT OR MONEY ORDER, PLEASE MAKE PAYABLE TO
FRIENDS OF THE BUSTAMANTE HOSPITAL FOR CHILDREN

IF PAYING BY CREDIT OR DEBIT CARD PLEASE FILL IN BELOW	IF PAYING BY DIRECT DEPOSIT, PLEASE REMIT TO FRIENDS OF THE BUSTAMANTE HOSPITAL FOR CHILDREN
FULL NAME (AS IT APPEARS ON THE CARD)	NAME OF BANK
CARD NUMBER	ACCOUNT #
EXPIRATION DATE (MM/YY) _____	ABA/ROUTING NUMBER _____
CVV (CARD VERIFICATION VALUE) _____	SWIFT CODE _____
SIGNATURE (NOT REQUIRED FOR ONLINE) _____	