



UBC James Hogg Research Centre Endowment Fund

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One time donation of \$ _____ OR \$ _____ per month

If monthly donation by cheque, please include a void cheque, or if by credit card, please fill out the credit card information

Method of Payment:

Cash Cheque Visa MasterCard Amex

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Signature: _____

Please send your donation to:

St. Paul's Hospital Foundation
178 – 1081 Burrard Street
Vancouver, BC V6Z 1Y6
Fax: 604-806-8326

Or, to donate by phone, please call us at 604-682-8206 or 1-800-720-2983