

**The St. Catharines General Hospital Foundation**  
**Wall of Hope Authorization Form**  
*(please print)*

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

Include the following inscription (*please use block letters*):

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Please return completed form to:  
The St. Catharines General Hospital Foundation  
142 Queenston St.  
St. Catharines, ON L2R 7C6  
Phone: (905) 323-FUND (3863) Fax: (905) 684-3226