PRINTABLE DONATION FORM – Please complete this form and mail to:

North Central Health Care Foundation
Box 1480
Melfort, SK S0E 1A0

☐ **YES, I want to support the North Central Health Care Foundation with a donation.**

Name _____

Address _____

City _____ Province _____ Postal Code _____

Telephone (Home) _____
(Work) _____

AMOUNT OF DONATION:

☐ $25 ☐ $50 ☐ $100 ☐ $500 ☐ $1000 ☐ Other _____

METHOD OF PAYMENT:

☐Cheque or Money Order (payable to North Central Health Care Foundation)

☐Mastercard☐ Visa

Card Number ___/ ___/ ___/ ___/ ___/ ___/ ___/ ___/ ___/ ___/ ___/ ___/ ___/ ___/ ___/ ___/

Expiry Date ___/ ___/ ___/ ___/ 3 digit validation number on back of card ___/ ___/ ___/

Signature _____

GIFT ALLOCATION

☐ Digital Imaging Campaign 2016

☐ Melfort Hospital

☐ Parkland Place, Melfort

☐ Other, please specify _____

SPECIAL GIFTS

☐ In Memory of _____

☐ Special Thanks to _____

☐In Honour of _____

An acknowledgement letter will be sent, informing the family of your kind gesture.
Person to Notify of this Donation:

Name _____

Address _____

City _____ Province _____ Postal Code _____

☐ I would prefer to make this as an anonymous donation.