

# SUPPORT THE SLMHC FOUNDATION!

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Please direct my donation to the:**

Equipment Fund (including donations to the MRI Campaign)

Other Area of Care \_\_\_\_\_

**I would like to make:**

A Monthly Gift of: \$ \_\_\_\_\_

A One-Time Donation of:

\$1000  \$500  \$250  \$100  \$50  \$40  Other \$

**Payment Method (for monthly or one-time donations):**

Pre-Authorized Payment Plan\* (void cheque enclosed) \*monthly giving only

MasterCard  Visa  Cheque

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

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

Please make cheque payable to:

**Sioux Lookout Meno Ya Win Health Centre Foundation**

Giving the gift of quality health care can happen at any time of the year. If you would like to support a specific need, the completion of a current project purchase or another area of care, please send your donation to:

Sioux Lookout Meno Ya Win Health Centre Foundation

1 Meno ya Win Way, P.O. Box 909

Sioux Lookout, ON Canada P8T 1B4

Phone: 807-737-7997



SIoux LOOKOUT  
MENO YA WIN HEALTH CENTRE

**Foundation**

A tax receipt will be automatically issued for donations of \$20 or more.  
Charitable Registration Number #881545446RR0001. We do not rent, sell or trade our mailing list.