

SUPPORT THE SLMHC FOUNDATION!

Name: _____ Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Email: _____

Please direct my donation to the:

Equipment Fund

General Fund

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.