



SIoux LOOKOUT  
MENO YA WIN HEALTH CENTRE

# Foundation

## Donation Form

Charitable Registration  
#881545446RR0001

*Making a difference...  
...now, and for the future.*

### Donation Amount

**YES!** *I want to make a donation in the amount of \$* \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

### Method of Payment

Cheque payable to the Sioux Lookout Meno Ya Win Health Centre Foundation  
**MAIL TO: PO Box 909, Sioux Lookout, ON P8T 1B4**

VISA

Mastercard

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

### Please direct my donation to:

Equipment Fund                       Mammography Fund

CT Scanner Fund                       William George Extended Care Fund

**Is this an "In Memory of" or "in Honour of" donation? If yes please provide name of individual(s) below, and address of person to be notified.**

In memory of \_\_\_\_\_ or  In honour of \_\_\_\_\_

Name of person to be notified \_\_\_\_\_

Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Donor Signature \_\_\_\_\_ Date \_\_\_\_\_