



SIoux LOOKOUT
MENO YA WIN HEALTH CENTRE

Foundation

*A Tradition of Caring...
...A Tradition of Sharing.*

Donation Form

Charitable Registration
#881545446RR0001

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:

Chemotherapy Services

Extended Care Fund

Palliative Care Fund

CCAS Youth Programs Fund

General Equipment Fund

Women's Health Fund

Diagnostic Imaging Fund

Janelle Wesley 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** _____