



Yes! I want to help keep the Sturgeon Hospital Strong!
Enclosed is my healthy gift of:

\$100 \$50 \$35 \$

Printed Name

Address

City

Province

Postal Code

Direct my gift to: area of greatest need, or

Please make cheque or money order payable to the Sturgeon Community Hospital Foundation or charge your gift to:

Credit Card Information:

Credit Card Number: - -

Expiry Date: -

Signature:

Memorial Donations

In Loving Memory of

Printed Name

Address

City

Province

Postal Code

I would like information about making a bequest to the Sturgeon Community Hospital.

I would like information about volunteering at the Sturgeon Community Hospital.

* An official tax receipt will be issued for gifts over \$10.00.