



Cheques Donation Form

Use this form if you are mailing in a donation by cheque. Print out this page, complete all areas and mail to the address at the bottom of the form.

I enclose a cheque in the amount of \$_____ payable to SHUSWAP HOSPITAL FOUNDATION

This donation is to be directed toward: please check one:

General Hospital Equipment Fund

Other _____.

Please send a charitable tax receipt to: (for gifts \$10.00 and over)

Name: _____

Address: _____

City/Town: _____

Province: _____ **Postal Code:** _____ **Telephone #:** _____

Gifts in Special Recognition

This gift is: In Memory of _____ To honour _____

Name: _____

If you wish a card to be sent on your behalf: (your name only is given)

Name of next of kin/honouree: _____

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Your personal information and gift amount is held in the strictest confidence unless you instruct otherwise. May we include your name only in our **Recognition Program**? Yes No

THANK YOU FOR YOUR GIFT

Mail to: Shuswap Hospital Foundation
PO Box 265
Salmon Arm, BC V1E 4N3

Office: Shuswap Lake General Hospital
601 10 Street NE inside main entrance
Salmon Arm, BC