



Cheque Donation Form

Use this form if you would like to make a donation by cheque. Print out this page, complete all areas, and either mail or drop off to:

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

Office: **Shuswap Lake General Hospital**
4th Floor Entrance
601 10 St NE

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 of \$10.00 and over)

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____

Gifts in Special Recognition

This gift is: _____ In Memory _____ In 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: _____ Province: _____ Postal Code: _____

Charity No. #89043 1877 RR0001

THANK YOU FOR YOUR GIFT!

info@shuswaphospitalfoundation.org

ph: 250-803-4546