

Your donation to The Health Foundation of East Central Saskatchewan

Name or business name _____
If business, please provide contact name _____
Email address _____
Street address or PO Box _____
Town/city, province and postal code _____
Daytime phone number including area code _____

Donation by credit card

I want to support the vital needs of health care and authorize The Health Foundation to debit my credit card for my donation. Please enter Yes beside the amount of your donation.

\$1,000 _____

\$500 _____

\$250 _____

\$100 _____

Or other credit card donation amount: \$ _____

If you are making this donation by credit card, please enter Yes beside the card you wish to use or indicate that you would like us to call you for your credit card information.

Visa _____

Mastercard _____

Phone me for credit card information _____

Credit card number _____
Name exactly as it appears on credit card _____
Expiry month and year (MM/YY) ____ / ____

Donation by cheque

I want to support the vital needs of health care and will send The Health Foundation a cheque for my donation. Please enter Yes beside the amount of your donation.

\$1,000 _____

\$500 _____

\$250 _____

\$100 _____

Or other amount donated by cheque: \$ _____

Purpose of donation

I would like my donation to go towards the greatest need as determined by The Health Foundation *OR*

I would like my donation to go towards: _____

Receipt

We will automatically issue an official receipt for all donations of \$20 or more for income tax purposes. If you would like a tax receipt for a donation under \$20, please enter Yes _____

I would like more information

If you would like to make a monthly donation by credit card or cheque, please enter Yes and we will contact you to make the necessary arrangements: _____

If you would like more information about how you can help The Health Foundation through your will and other planned giving, please enter Yes: _____

Please provide all the information requested so we can process your donation. Your name and contact information must be filled in before the form can be sent.

Thank you for your generosity!

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Fax 306-786-0508

www.TheHealthFoundation.ca