HERE'S MY GIFT OF: $_____

PLEASE DIRECT MY GIFT TO:

- ❑ Wherever it is needed most
- ❑ Integrated Facility/ Equipment
- ❑ Long Term Care
- ❑ Palliative Care
- ❑ CT Scanner

Name: _____

Address: _____

City/Province: _____ Postal Code: _____

Telephone: _____

E-mail: _____

THANK YOU! MAIL COMPLETED FORM AND CHEQUE TO:

Moosomin and District Health Care Foundation:
Box 1470 • Moosomin, SK • S0G 3N0

ACKNOWLEDGEMENT CARD SENT TO:

Name: _____

Address: _____

City/Province: _____ Postal Code: _____