

Western Regional Hospital Foundation PO Box 2005 Corner Brook, NL A2H 6J7 Phone: (709) 784-5353 Fax: (709) 637-5274 Email: foundation@westernhealth.nl.ca

In Memoriam Donation

In Memory of:
From (this will appear on the card to the family):
Name:
Address:
(Office purposes only) Phone #:
Please send an acknowledgement of this donation to:
Name:
Address:
will not appear on card) Donation Amount: \$ Receipt required? Yes No
Cheque Visa MC AMEX
Card Number:
Expiry Date: Verification Code:
Cheques may be made payable to: WRH Foundation and mailed to the above address
Thank you for your kind support