



## Donation Form

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We invite you to make a donation to the Cumberland Health Care Foundation. Your donation is tax deductible to the full extent provided by Revenue Canada.

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**EMAIL ADDRESS** (*if you would like to receive updated information on the activities of the Cumberland Health Care Foundation*) Email \_\_\_\_\_

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**MY/OUR GIFT TO THE FOUNDATION IS:**

\$20 \_\_\_\_\_ \$50 \_\_\_\_\_ \$100 \_\_\_\_\_ Other \_\_\_\_\_

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**PAYMENT METHOD:**

Cheque Enclosed    VISA                       MasterCard                       American Express

Card Number: \_\_\_\_\_ Expiry \_\_\_\_\_ (MM/YY)

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

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**IF DONATION MADE IN-MEMORY OF AN INDIVIDUAL, PLEASE COMPLETE THIS SECTION:**

Send a Card to next of kin:    Yes                       No

Address of next of kin (required for mailing card):

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Postal Code: \_\_\_\_\_

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**I WOULD LIKE TO USE THESE FUNDS TO HELP SUPPORT THE FOLLOWING FUND:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Equipment Fund     | <input type="checkbox"/> Endowment Fund  | <input type="checkbox"/> Palliative Care Fund |
| <input type="checkbox"/> General Fund       | <input type="checkbox"/> Teddy Bear Fund | <input type="checkbox"/> Healing Garden Fund  |
| <input type="checkbox"/> Mental Health Fund | <input type="checkbox"/> Bursary Fund    | <input type="checkbox"/> Light the Way!!      |

**MAIL TO:**

Cumberland Health Care Foundation, 19428 Hwy 2 RR6, Amherst, Nova Scotia  
B4H 1N6

***Thank you for your support!!***