



GIVE A GIFT FOR LIFE

in Memoriam

Give a donation in memory of a loved one to the Chemainus Health Care Foundation

Support local health needs

Your gift will be acknowledged and a tax receipt will be issued.

DONATION AMOUNT _____

NAME of SENDER _____

ADDRESS _____

CITY _____

POSTAL CODE _____

NAME of DECEASED _____

INSCRIBED CARD SENT TO _____

ADDRESS _____

CITY _____

POSTAL CODE _____

THANK YOU

Chemainus Health Care Foundation
Box 462, Chemainus, BC, V0R 1K0