



HELP THE FOUNDATION SUPPORT LOCAL HEALTH CARE NEEDS

DONATION AMOUNT \$ _____

DONATED BY _____

RECEIPT TO BE MADE OUT TO _____

ADDRESS _____

Donations over \$10 will receive a charitable tax receipt

Please make cheques payable to Chemainus Health Care Foundation

Select your area of choice:

- Chemainus Health Care Foundation - includes community health needs, health care education rewards, and choices listed below as required
- Chemainus Health Care Centre - includes Urgent Care, Adult Day Program and Palliative care
- Steeples

Mail to: Chemainus Health Care Foundation
Box 462
Chemainus, BC, V0R 1K0

Or

Donate at the Reception Desk at the Chemainus Health Care Centre

Thank you for your generosity. Your donation is appreciated.