



Chemainus Health Care Foundation

Box 462 Chemainus BC V0R 1K0

HELP THE FOUNDATION SUPPORT LOCAL HEALTH CARE NEEDS

DONATED BY _____

(FIRST NAME, MIDDLE INITIAL, LAST NAME Required by CRA for tax receipt)

DONATION AMOUNT \$ _____ DATE _____

ADDRESS _____

TELEPHONE _____ E-MAIL _____

Please make cheques payable to **Chemainus Health Care Foundation**

Donations over \$10 will receive a charitable tax receipt. If you wish your donation to be directed to a specific area, please indicate your area of choice:

- Foundation – services area of immediate need, including community health, and education
- Health Care Centre – includes Urgent Care, Adult Day Program and Palliative Care
- Steeples Assisted Living

IN MEMORIAM *(if applicable)*

Name of Deceased _____

In Memory cards, as designated by the donor, are sent notifying that a donation has been made to the CHCF in memory of the deceased. The amount donated is not specified. If you wish a card sent, please complete the following:

Inscribed card to be sent to _____

Address _____

RECOGNITION OF YOUR DONATION

Donations over \$100 are recognized at the Chemainus Health Care Centre with a leaf on the 'Tree of Life', or a plaque if over \$1000. The acknowledgement will indicate: donated by; in memory of, if so indicated; and the month and year of the donation. For donations of \$1000+, if you would like to add specific wording please provide it below.

If you do not wish a Leaf or Plaque posted please check here.

Thank you for supporting local health needs. Your gift will be acknowledged and a tax receipt issued.

For office use only:

Date Rec'd by CHCC: _____ CHCC Interim Receipt #: _____ CHCC Staff initials: _____

Date CHCF notified by e-mail: _____

Date Rec'd by CHCF: _____ Date of deposit: _____ Tax receipt #: _____