

# ST. JOSEPH'S



# HOSPITAL FOUNDATION

## *Give Your Support*

**Yes! I want to support the St. Joseph's Hospital Foundation!**

**Enclosed is my healthy gift of:**

**\$100\_\_\_ \$50\_\_\_ \$30\_\_\_ \$25\_\_\_ Other\$\_\_\_**

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

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

**Town/City** : \_\_\_\_\_

**Province** : \_\_\_\_\_ **Postal Code** : \_\_\_\_\_

**Please make cheque or money order payable to the**

### **St. Joseph's Hospital Foundation**

Box 5000-203  
1176 Nicholson Road  
Estevan, SK S4A 2V6

Or Charge your gift to: MasterCard \_\_\_ Visa \_\_\_

**Card #** : \_\_\_\_\_ **Exp** : \_\_\_\_\_

**Signature** : \_\_\_\_\_

### **Memorial Donations**

In loving Memory of : \_\_\_\_\_

*Please notify the following of my gift:*

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

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

**Town/City** : \_\_\_\_\_

**Province** : \_\_\_\_\_ **Postal code** : \_\_\_\_\_