



Our Health... Our Community... Our Foundation

Please print and complete the following form for your donation by cheque.

Enclosed is a cheque in the amount of \$_____ payable to **VERNON JUBILEE HOSPITAL FOUNDATION.**

Please designate my donation to the following:

- General Fund (area of most need)
- Building a Tower of Care, Phase II (equip and furnish 6th and 7th floors of Polson Tower)
- Digital Mammography
- McMurtry-Baerg Cancer Centre
- Other restricted funds _____

Please send a charitable tax receipt (for gifts of \$20.00 or more):

Name: _____

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Daytime Phone: _____ Email: _____

Please subscribe me to your email list for updates on Foundation events and activities.

This gift is In Memory of In Honour of Name: _____

Please send notification of my gift to:

Name of next of kin/honouree: _____

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

I wish my gift to be recognized in accordance with the VJH Foundation donor recognition program.

OR

I wish my gift to be anonymous.

THANK YOU FOR SUPPORTING HEALTH CARE IN THE NORTH OKANAGAN.

**Please mail cheques to:
Vernon Jubilee Hospital Foundation
2101 – 32nd Street
Vernon, BC V1T 5L2**