HOW TO MAKE A DONATION

Please complete details below, print out page and mail with cheque or money order to: *Please make cheque payable to Wingham & District Hospital Foundation*



Wingham & District Hospital Foundation 270 Carling Terrace Wingham, ON N0G 2W0

GIFT AMOUNT	

Title Name	
Address	
City	
Province/State	Postal/Zip Code
Country	Phone Number

TRIBUTE DONATIONS:

	IORY OF:	Name			
An acknow	ledgement no	tice will be s	ent to the family.		
Name					
Address					
City			Province/State	Postal/Zip Code	
Country					

IN HONOUR OF:	Name]
EVENT/OCCASION:				-
An acknowledgemer	nt notice will be	sent.		
Address				
City		Province/State	Postal/Zip Code	
Country				
Donations by credit card c	an be arranged by	calling 519-357-3210, ext. 216.		(25)
Charitable Registrat	ion Number: 8	38928 5193 RR0001		
For inquiries or more	e information.	please contact the Found	ation: wdh.foundation@lwha	ca