



Saanich Peninsula Hospital
FOUNDATION
your community, your health

To: Saanich Peninsula Hospital Foundation
2166 Mount Newton X Road
Saanichton, BC V8M 2B2

Fax: (250) 652-7534 Phone: (250) 652-7531

I would like to make a donation of:

\$500 \$250 \$100 \$50 Other \$ _____

and would like to direct it to:

Annual Campaign Palliative Care Extended Care
 Acute Care Surgery Other _____

Name: _____

Address: _____

Phone: (____) _____ - _____

Email Address: _____

Cheque enclosed OR Please charge my VISA Please charge my MasterCard

Credit Card Number: _____ Expiry Date: ____/____

My gift is in memory of: _____

An acknowledgement of my gift will be sent to: _____

(the amount of your donation will not be disclosed)

A tax receipt will be sent to you in the mail.