



YES! I want to make a gift to support the Chesley Site, South Bruce Grey Health Centre.

Chesley & District Health Services Foundation

P.O. Box 40

Chesley, ON N0G 1L0

NAME: _____

ADDRESS: _____ P.O. BOX: _____

TOWN: _____ PROV: _____ POSTAL CODE: _____

PHONE NUMBER: _____ E-MAIL: _____

I wish to make a donation to the Chesley & District Health Services Foundation in the amount of:

\$35 \$50 \$75 \$100 Other \$ _____

VISA MASTERCARD CHEQUE

NAME ON CARD: _____

CARD NUMBER: _____ EXPIRY DATE: _____

In Memory/Honour of: _____

I would like my donation to go towards: _____

Where the need is most urgent: _____

Tax receipts will be issued for all donations.

Please send me information on:

Tribute Gifts (In Memoriam, In Honour, Best Wishes)

Planned Giving (bequests/wills, endowments, life insurance)

Thank you for supporting your community hospital