

**YES! I would like to support the Meadow Lake Hospital Foundation**

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

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

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

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

Telephone: (day) (     ) \_\_\_\_\_

Telephone: (eve) (     ) \_\_\_\_\_

Here is my gift of  \$25  \$50  \$75  \$100  \$125

Other amount \$ \_\_\_\_\_

VISA     Master Card     Cheque     Money Order

Card # \_\_\_\_\_

Expiry date: \_\_\_\_\_ Signature: \_\_\_\_\_

With our thanks we will issue an official tax receipt for gifts of \$25.00 or more.  
Canadian Charitable Donation # 854712007 RR0001

**Meadow Lake Hospital Foundation**

Box 511  
Meadow Lake, SK.  
S9X 1Y4