



Boundary Trails Health Centre FOUNDATION

BTHC Foundation Donor Form

Date: _____

I am happy to support the Foundation and to enclose a cheque payable to:
BTHC FOUNDATION in the amount of \$ _____.

Note: Credit card accepted via phone (204) 331-8808 ext.2 or ONLINE

Please indicate which fund:

- General Fund Spiritual Care
 Palliative/Cancer Care(combined fund) Other _____

Note: Tax Receipts will be issued for gifts of \$20 and over.

Please send tax receipt to:

Name: _____
Address: _____
City / Prov.: _____
Postal Code: _____
Telephone: _____
Email: _____

Additional info:

In the case of a memorial gift or other specific wishes respecting this donation, please supply additional information.

Please send Memoriam Card to:

Name: _____
Address: _____
City/Prov.: _____
Postal Code: _____

Please sign the card as follows:

Mail Donor Form To:
Boundary Trails Health Centre Foundation
Box 2000, Station Main, Winkler MB R6W 1H8