

A dozen ways to make a difference...

Join the Health Care Foundation's Monthly Giving Club

Making monthly donations is convenient - you will receive one consolidated tax receipt for the year each February.

Name

Address

City

Province

Postal Code

Telephone Number

E-mail Address

I would like to make a regular monthly donation of:

\$15/mo \$25/mo \$50/mo \$_____/mo

I authorize the Health Care Foundation to withdraw this amount from my bank account on the 1st day of each month.

I've enclosed a cheque marked "VOID"

When completed, please mail to:

Health Care Foundation
190 LeMarchant Road, St. John's, NL A1C 2H6