



Yes, I would like to make a difference by contributing to the L & A Hospital Foundation

Here is my gift of \$\_\_\_\_\_.

Enclosed is my cheque to LACGH FOUNDATION or charge my credit card

Credit card type	
Credit card number	
Expiration date	
CVV # (on back)	
Authorized signature	

**Receipt to:**

Name	
Billing Address	
City	
Province	
Postal Code	
Telephone (home)	
Telephone (business)	
E-mail (for receipting)	
Signature	

**Tribute Donation:**

**Name of Honoree:**

In Memory of:	
In Honour of:	
Special Occasion	__birthday __anniversary __wedding __retirement __other _____
Grateful Patient	Indicate nurse/doctor/department

**Card Recipient:**

**Name of Honoree:**

Name:	
Address:	
Personal Message	

**Acknowledgement Information**

Please use the following name(s) in all acknowledgements:

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I would like to support (specific department): \_\_\_\_\_  
(unless otherwise specified your donation will be directed toward the general medical equipment fund at Lennox and Addington County General Hospital.

**Please mail cheques to:**

LACGH Foundation  
8 Richmond Park Drive  
Napanea, ON K7R 2Z4