



Yes! I want to help build the clinic!

I wish to make a Tribute gift of _____.

- My cheque to the Gabriola Health Care Foundation is enclosed.
- I wish to make a donation by credit card. (Please provide us with the information below by mail, FAX, or Email at ghcf@ghcf.ca and go to our WEB site at www.ghcf.ca and click on the "Donate" button to make your donation.)
- I would like to have a letter sent on my behalf

Name of the person being honoured: _____

Address: _____

City/Town: _____

Province: _____ Postal Code: _____

- Your message, If any:

I request a tax receipt.

I wish to remain anonymous.

Name: _____

Address: _____

City/Town: _____

Province: _____ Postal Code: _____

Email: _____

Telephone number: _____

Date: _____

Thank you!

Gabriola Health Care Foundation

PO Box 295, Gabriola Island, BC V0R 1X0

(250) 247-7411 FAX (250) 247-7405

Email: ghcf@ghcf.ca Web site: ghcf.ca

Charity BN/Registration # 85193 0586 RR0001