



South and Central Health Foundation

SOUTH AND CENTRAL HEALTH FOUNDATION

Enclosed is a contribution of \$ _____

in Memory of _____

Town _____

From (Donor's Name) _____

Address _____

We will forward the attached acknowledgement to the bereaved on your behalf. The acknowledgement to be forwarded to:

Name _____

Address _____

For Medical Equipment Other _____

(An official tax deductible receipt will be issued to the donor)