



Tribute Gift

I would like to thank my healthcare professional(s) for providing excellent care through this Tribute Gift to the South and Central Health Foundation...

Designate Your Donation

- Area of greatest need
- Specific department, facility or program

- In Honor of Healthcare Professionals
Name / Facility of Honoree(s):

Yes! I am proud to support the South and Central Health Foundation. Enclosed is my donation to support excellence in health care

Donor Name _____

Mailing Address _____

Town _____ Prov. _____ Postal Code _____

Telephone _____ Email _____

Please check your payment method & indicate the donation amount. Cheques payable to the South and Central Health Foundation.

MasterCard Visa Cheque

Card Number: _____ Amount \$ _____

Exp. Date _____ Signature _____

Enclosed Cheque Amount \$ _____

Message you would like delivered to the person(s) being honored:

Thank You!

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