



## 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@ghcs.ca](mailto:ghcf@ghcs.ca) and go to our WEB site at [www.ghcs.ca](http://www.ghcs.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**

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Email: [ghcs@ghcs.ca](mailto:ghcs@ghcs.ca) Web site: [ghcs.ca](http://ghcs.ca)

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