

This holiday season
give the gift of home

Yes, I would like to give a donation



Name: _____

Address: _____

City: _____

Province: _____ Postal code: _____

Telephone: _____

Email: _____

I would like to make:

- A one time donation of \$ _____
- A monthly donation of \$ _____
for _____ months years

Payment by:

- Cheque Visa Mastercard

Card#: _____ Expiry: _____ CVV: _____

Signature: _____

*Make cheques payable to RIVERSIDE FOUNDATION FOR HEALTH CARE
Charitable Registration No. 874326549RR0001.
Receipts for gifts over \$20.

Your donation will go towards Rainycrest
Activation Room upgrades & improvements.



Riverside Foundation for Health Care