

In Memoriam Donation



Please mail this complete form, along with your contribution, to the following address:

Chaleur Regional Hospital Foundation
1750, Sunset Drive, Bathurst, NB E2A 4L7

IN MEMORY OF: _____

MY INFORMATION:

First Name: _____ **Last Name:** _____

Address: _____

City: _____ **Postal Code:** _____

Telephone (res.): _____ **Telephone (cell.):** _____

Courriel : _____

ENCLOSED IS MY DONATION OF: \$ _____

Method of payment :

Cheque (Made payable to Chaleur Regional Hospital Foundation)

Visa

MasterCard

Card Number: _____

Expiration Date: ____ / ____

Signature of cardholder: _____ **Date:** ____ / ____ / ____

THE FOUNDATION WILL ADVISE THE FAMILY OF YOUR GIFT

If you would like a person in particular to be advised, kindly complete the following section:

First Name: _____ **Last Name:** _____

Address: _____

City: _____ **Postal Code:** _____

Please inscribe the following message for the family:
