

DONOR INFORMATION

Please complete the information below to process your donation.

*The North Shore Health Network Foundation respects your privacy. For more information, view our privacy policy at www.nshnfoundation.care.

DONOR INFORMATION:

Donor Name

Address

City

Province

Postal Code

Telephone Number

Email Address

PAYMENT DETAILS:

Cheque Cash
Payable to: NSHN Foundation

MasterCard Visa

American Express Discover

Credit Card Number Expiry Date

Name on Card (please print) CVV Code

Card Holder Signature

Charitable Registration # 87590 8717 RR001



To make a donation to the North Shore Health Network Foundation please complete and submit the attached form. You can mail the completed form to the address below, or stop by the Foundation office.

North Shore Health Network Foundation

525 Causley Street / P.O. Box 970

Blind River, ON P0R 1B0

T: 705-356-2265 ext. 2619

F: 705-356-1220

E: lkendrick@nshn.care

W: www.nshnfoundation.care

Charitable Registration # 87590 8717 RR001

The Foundation office is located in the North Shore Health Network's Blind River Site. If you'd like to learn more about the Foundation, our donor programs, or other ways you can help, please contact us.



- Richards Landing - Matthews Site •
- Thessalon Site •
- Blind River Site •

SUPPORTING LOCAL HEALTH CARE



When you or a loved one is ill or injured, where do you turn?

If you're like most people in our communities, you go to the **North Shore Health Network**. Whether you visit the Blind River Site, the Thessalon Site, or the Richards Landing - Matthews Site, you feel welcomed and secure in the hands of our local health care professionals.

It is your contributions to the North Shore Health Network Foundation that make access to high quality, local health care possible.

With your support, the Foundation is able to replace outdated medical equipment, purchase innovative medical technology, and boost patient services. This not only improves patient outcomes, but sustains our access to local health care - now and in the future.

Help us continue to provide hope, healing, and recovery in our communities by donating to the Foundation today.



SINGLE DONATION

- A one-time donation to help fund equipment and patient services
- Cumulative donations of \$1,000 or more receive recognition on a Donor Board
- Your donation can be directed to a specific NSHN site, or where it is needed most

IN MEMORIAM

- A one-time donation in memory of a loved one or friend
- The Foundation will notify the family of your generous gift

GRATEFUL PATIENT

- A one-time donation to say 'thank you' to a health care worker that has made a difference in your life
- The Foundation will notify the worker of your donation with a 'thank you' card containing your personal message
- Your donation can be directed to a specific NSHN site, or where it is needed most

MONTHLY DONATION

- A donation of the same amount automatically debited from your credit card each month
- You can opt out of this program at any time by contacting the Foundation office
- Your donation can be directed to a specific NSHN site, or where it is needed most

DONOR PROGRAM

Please complete the section below to identify the type, amount, and location of your donation to the NSHN Foundation.

TYPE OF DONATION:

Single Donation

In Memoriam

Grateful Patient

Monthly Donation

I authorize the NSHN Foundation to charge the amount specified below to my credit card each month.

SIGNATURE: _____

I would like to receive more information on Planned Giving options (Wills, Life Insurance, etc.)

IN THE AMOUNT OF:

\$ _____

DIRECT THE DONATION TO:

Where it is needed most

NSHN Blind River Site

NSHN Thessalon Site

NSHN Richards Landing - Matthews Site

IN MEMORIAM OF / I AM GRATEFUL TO (if applicable):

PERSONAL MESSAGE (optional):

I would like my message to be anonymous.

Please see reverse for donor and payment information.

An official tax receipt will be issued for donations of \$20.00 or more.