



YOUR COMPANY FRIENDS AND FAMILY DONATION FORM

TITLE: Mr. Mrs. Ms. Dr.

COMPANY NAME: _____

FIRST NAME: _____ LAST NAME: _____

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WORK PHONE: _____ POSITION: _____

Cheque enclosed Visa / MC

CREDIT CARD NUMBER: _____

EXPIRY DATE: _____ CSC: _____

DONATION AMOUNT: \$50 \$75 \$100 \$250 Other Amount: \$ _____

Please mail completed forms to: Nanaimo & District Hospital Foundation
1200 Dufferin Crescent
Nanaimo, BC V9S 2B7

Or scan and email to: amber.white@viha.ca

Thank you for supporting the new ICU at NRGH!

If you have any questions please reach out to one of the contacts below.

Your Company Contact Here:

Hospital Foundation: Amber White, Manager, Annual Giving at 250-739-5764 or amber.white@viha.ca

Privacy: We are committed to protecting your privacy and maintaining the confidentiality of your personal information. Your personal information will not be shared with any third parties and only be used to process the tax receipt for your contribution.