



## YOUR COMPANY DONATION FORM

TITLE:       Mr.       Mrs.       Ms.       Dr.

COMPANY NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

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CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

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](mailto:amber.white@viha.ca)

Or donate securely online at: [info@nanaimohospitalfoundation.com](http://info@nanaimohospitalfoundation.com)

### 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](mailto:amber.white@viha.ca)

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