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Yes, I would like to make a gift!

Mr. Mrs. Mr. & Mrs. Dr. Ms.

First Name: _____ Last Name: _____
Company (if on behalf of a business): _____

Address: _____
City: _____ Province: _____ PC: _____
Phone Number: _____ E-mail: _____

I want to help purchase medical equipment with my gift of:

\$25 \$50 \$100 \$250 Other _____
 Visa MasterCard Amex My cheque is enclosed.

Card Number: _____ Expiry: _____ / _____
Name on card: _____

If your gift is in honour or memory of someone, please complete the following:

In memory In honour of: _____
Please send an acknowledgment to: _____

Message / special instructions: _____

Thank-you for making a difference!

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