



Yes I want to support *the team* at Almonte General Hospital Fairview Manor!

Thank You!

- \$100 \$75 \$50 \$35 I prefer to give \$ _____

Charitable Registration No.
877913012RR0001

Enclosed is a cheque made payable to:
Almonte General Hospital Fairview Manor Foundation

Place my donation on my credit card:

VISA Mastercard AMEX

Card No: _____

Expiry: ____/____ CV _____

Signature: _____

Email: _____

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Name: _____

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