



2101 - 32nd Street, Vernon BC V1T 5L2
tel 250.558.1362 fax 250.558.4133 www.vjhfoundation.org

Donation Form

Please print and complete the following form for your donation by cheque.

Enclosed is a cheque in the amount of \$_____ payable to VERNON JUBILEE HOSPITAL FOUNDATION.

Please designate my donation to the following:

- General Fund (area of most need)
- Vernon Jubilee Hospital Name the area of health care _____
- Residential Care Name of the Facility _____
- Community Care Mental Health Location: _____
- Specific Campaign, Program or Care Area Identify: _____
- Please send me a charitable tax receipt (for gifts of \$20.00 or more):

Name: _____ Email: _____

Address: _____ City/Town: _____

Province: _____ Postal Code: _____ Daytime Phone: _____

This gift is In Memory of In Honour of Name: _____

Please send notification of my gift to Name of next of kin/honouree: _____

Address: _____ City/Town: _____

Province: _____ Postal Code: _____

- I wish my gift to be recognized in accordance with the VJH Foundation donor recognition program. OR
- I wish my gift to remain anonymous.

THANK YOU FOR SUPPORTING HEALTH CARE IN THE NORTH OKANAGAN

Please mail cheques to: Vernon Jubilee Hospital Foundation
2101 – 32nd Street
Vernon, BC V1T 5L2

Please subscribe me to your email list for updates on Foundation events and activities.