



In Memoriam

I wish to make a "In Memoriam" gift of \$ _____.

- My cheque to the Gabriola Health Care Foundation is enclosed.
- I wish to make a donation by credit card. Please provide us with the information below by mail, FAX, or Email at ghcf@ghcf.ca and go to our WEB site at www.ghcf.ca and click on the "Donate" button to make your donation.
- I would like to have a letter of condolence sent on my behalf

Name of the deceased: _____

Name of person to send card to: _____

Address: _____

City/Town: _____

Province: _____ Postal Code: _____

- Your message, If any:

- I request a tax receipt.
- I wish to remain anonymous.

Name: _____

Address: _____

City/Town: _____

Province: _____ Postal Code: _____

Email: _____

Telephone number: _____

Date: _____

Thank you!

Gabriola Health Care Foundation

PO Box 295, Gabriola Island, BC V0R 1X0

(250) 247-7411 FAX (250) 247-7405

Email: ghcf@ghcf.ca Web site: ghcf.ca

Charity BN/Registration # 85193 0586 RR0001