

DONATE TODAY

Please complete both sides of this form to make a donation to the NSHN Foundation.

DONOR INFORMATION:

Donor Name

Street Address

City

Province

Postal Code

Telephone Number

Email Address

PAYMENT DETAILS:

☐ Cheque
Payable to: NSHN Foundation

☐ Cash

☐ MasterCard

☐ Visa

☐ American Express

☐ Discover

Credit Card Number

Expiry Date

Name on Card (please print)

CVV Code

Card Holder Signature

We respect your privacy. View our privacy policy at
www.nshnfoundation.ca

North Shore
Health Network
FOUNDATION



FONDATION
du Réseau Santé
Rive Nord

Your Donation—Your Choice

Making a donation is simple. Pick the option that's easiest for you:

- Complete and mail the attached form ·
- Donate online through our website ·
- Call the Foundation Office ·
- Visit one of the NSHN Sites in person ·

North Shore Health Network Foundation

525 Causley Street / P.O. Box 970

Blind River, ON P0R 1B0

T: 705-356-2265 ext. 2619

F: 705-356-1220

E: donations@nshn.ca

www.nshnfoundation.ca

Charitable Registration # 87590 8717 RR001



- Richards Landing - Matthews Site •
- Thessalon Site •
- Blind River Site •

North Shore
Health Network
FOUNDATION



FONDATION
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Rive Nord

SUPPORTING LOCAL HEALTH CARE



When you or a loved one is ill or injured, where do you turn?

If you're like most people in our communities, you go to the **North Shore Health Network**. Whether you visit the Blind River Site, the Thessalon Site, or the Richards Landing - Matthews Site, you feel welcomed and secure in the hands of our local health care professionals.

It is your contributions to the North Shore Health Network Foundation that make access to high quality, local health care possible.

With your support, the Foundation is able to replace outdated medical equipment, purchase innovative medical technology, and boost patient services. This not only improves patient outcomes, but sustains our access to local health care — now and in the future.

Help us continue to provide hope, healing, and recovery in our communities by donating to the Foundation today.



SINGLE DONATION

- A one-time donation to help fund equipment and patient services
- Cumulative donations of \$1,000 or more receive recognition on a Donor Board
- Your donation can be directed to a specific NSHN site or where it is needed most

MONTHLY DONATION

- A donation of the same amount automatically debited from your credit card each month
- You can opt out of this program at any time by contacting the Foundation office
- Cumulative donations of \$1,000 or more receive recognition on a Donor Board
- Your donation can be directed to a specific NSHN site or where it is needed most

IN MEMORIAM

- A one-time donation in memory of a loved one or friend
- The Foundation will notify the family of your generous gift

GRATEFUL PATIENT

- A one-time donation to say 'thank you' to a health care worker that has made a difference in your life
- The Foundation will notify the worker of your donation with a 'thank you' card containing your personal message
- Your donation can be directed to a specific NSHN site or where it is needed most

DONATE TODAY

Please complete both sides of this form to make a donation to the NSHN Foundation.

You can also make a donation to the Foundation online (www.nshnfoundation.care); over the phone (705-356-2265 ext. 2619); or in person at an NSHN Site.

An official tax receipt will be issued for donations of \$20.00 or more.

TYPE OF DONATION:

☐ Single Donation

☐ Monthly Donation

☐ I authorize the NSHN Foundation to charge the amount specified below to my credit card each month.

SIGNATURE: _____

☐ In Memoriam

☐ Grateful Patient

AMOUNT:

\$

DIRECT THE DONATION TO:

☐ All Sites—Greatest Need

☐ Blind River Site

☐ Thessalon Site

☐ Richards Landing - Matthews Site

IN MEMORIAM OF/I AM GRATEFUL TO: **If Applicable*

PERSONAL MESSAGE: **Optional*

☐ I would like my personal message to be anonymous.