



# Tribute Gift

*I would like to thank my healthcare professional(s) for providing excellent care through this Tribute Gift to the South and Central Health Foundation...*

### Designate Your Donation

- Area of greatest need
- Specific department, facility or program

- In Honor of Healthcare Professionals Name / Facility of Honoree(s):

**Yes! I am proud to support the South and Central Health Foundation. Enclosed is my donation to support excellence in health care**

Donor Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Town \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

**Please check your payment method & indicate the donation amount. Cheques payable to the South and Central Health Foundation.**

MasterCard       Visa       Cheque

Card Number: \_\_\_\_\_ Amount \$ \_\_\_\_\_

Exp. Date \_\_\_\_\_ Signature \_\_\_\_\_

Enclosed Cheque      Amount \$ \_\_\_\_\_

### Message you would like delivered to the person(s) being honored:

**Thank You!**

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