



**Thank you for deciding to make a donation to the  
Sheep River Health Trust**

This form is designed so that you can make your donation by mail. Simply print out this form, complete the details that apply to you, provide your credit card details or enclose a cheque. Please feel secure knowing that we never share your details with any other organization.

This form is divided into sections so that you can donate to our Greatest Needs Fund or through the various programs we run. You may also wish to donate through multiple programs using this one form.



**Greatest Need Fund : The Annual Appeal**

The funds donated here go towards the Greatest Needs Fund. Each year we ask the hospital administrators what equipment and programs are most urgently needed, that are not covered by Government or other funding. Every dollar donated here goes directly to specific and much needed equipment and programs. You get the peace of mind knowing that your donation goes directly to items of urgent need.

**I would like to donate:**

\_\_\_\_\_ \$50 \_\_\_\_\_ \$100 \_\_\_\_\_ \$250 \_\_\_\_\_ Other \$ \_\_\_\_\_



**The Golf 4 Wellness Tournament**

This is our signature event created to give local companies and individuals the chance to help us through sponsorship, donated items and auctions. Even if you don't golf you might wish to contribute through this event by either a donation or by offering items that can be auctioned to raise money during the event.

**I would like to donate:**

\_\_\_\_\_ \$50 \_\_\_\_\_ \$100 \_\_\_\_\_ \$250 \_\_\_\_\_ Other \$ \_\_\_\_\_

\_\_\_\_\_ **I have items I would like to donate for auction – please contact me.**

*Points of Light*



*make our world  
just a little brighter!*

## Points of Light Campaign

This is our special program designed to support Palliative Care. Our efforts in supporting Palliative care include special equipment, support programs and the Loaner Pool. The program is designed to help people and their families at the point of greatest need. Funds donated through this program go directly into Palliative Care and excess funds go to the Greatest Need Fund. For each gift donation received we place a Christmas tree bulb or Point of Light on one of several inspiring Christmas trees in the community and all names are presented in the local newspaper.

I would like to offer a gift \_\_\_\_\_ \$10 for 1 light or \_\_\_\_\_ \$25 for 3 lights

The light(s) are in memory or honour of :

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_



## Memorial Giving

Giving in memory provides you the chance to remember a loved one who may have benefited through one of our programs or they might have received outstanding care from our dedicated health providers in the community. We all like to give flowers but a donation through this Memorial Fund is certain to have a direct and long lasting impact on health care for others in the region. It represents a special gesture of sympathy and a letter in your name will be sent to the bereaved family. (Donation amounts remain confidential.)

\_\_\_\_\_ \$50 \_\_\_\_\_ \$100 \_\_\_\_\_ \$250 Other \$ \_\_\_\_\_

My relationship to the deceased: \_\_\_\_\_

Please send acknowledgements to:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Post Code \_\_\_\_\_

## Special Donations

**Sizeable Donations and Planned Estate Giving** are always appreciated. Often individuals who really come to know the good work we do wish to make special contributions. In this case we are always welcome to meet with you in person to discuss your wishes and create a plan. Please call our Executive Director, Trish Axten, on (403) 995-5400.

# Donation Form – Details

**On behalf of all the people in our community who will benefit, *Thank You!***

First Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_  
Province \_\_\_\_\_  
Post Code \_\_\_\_\_  
Telephone \_\_\_\_\_  
Email Address \_\_\_\_\_

Total of all Donations from all sections above \$ \_\_\_\_\_

Cheque Please make cheques payable to **Sheep River Health Trust**

Credit Card \_\_\_\_\_ Visa \_\_\_\_\_ Master Card

Card Number \_\_\_\_\_

Name on Card \_\_\_\_\_

Expiry Date \_\_\_\_\_

Signature \_\_\_\_\_

- All personal details will be held in the strictest confidence. (Points of Light contributors/ honourees will be listed in the local newspaper.)
- Donations are tax deductible and tax receipts will be issued.
- Sheep River Health Trust operates under Charitable Organization Registration Number 211268.

Please enclose all pages of this form (and cheque if applicable) and mail to:

Executive Director, Sheep River Health Trust  
P.O. Bag 1, Black Diamond, Alberta T0L 0H0

Thank you!

