

Make a Donation

Please provide the following information:

Donor Type: Individual Organization

Donor First Name: Last Name:

Contact Name:

Street Address:

City:

Province: Postal Code:

Phone:

Email:

Please direct my donation to:  Northern Cancer Fund  Northern Cardiac Fund  Health Sciences Discovery Fund

Area of Highest Need Specific designation:

I would like to make my gift in celebration of:

I would like to make my gift in memory of:

Please send notification to: First Name: Last Name:

Address:

City: Prov: Postal Code:

I would like to make:

A one time gift in the amount of: \$1000 \$500 \$250 \$100 \$50 \$40 Other \$ (CDN Funds)

A monthly ongoing donation of: \$50 \$35 \$25 Other \$ (CDN Funds)

Payment Method: MasterCard

VISA

Card Number:

Expiry Date:

Name on Card:

Please send payment to: Thunder Bay Regional Health Sciences Foundation | 807-345-4673
980 Oliver Road, Thunder Bay, ON P7B 6V4 Canada | 1-877-696-7223

A receipt will be issued for donations of \$20 or more. Charitable Reg. No. 888314648 RR0001.
Our donor records are confidential. We do not share our lists.