



NORTHERN LIGHTS

Health Foundation

Lobby Vendor - Sales Records

Date(s) of lobby occupation: _____

Company name: _____

Contact: _____

Total amount of sales during the above period: _____

X 15% _____

Less deposit _____

Amount owing to the Northern Lights Health Foundation _____

Please return this form in person, by fax (780-791-6241), or through email to foundation@nlhr.ca and pay any outstanding balance within seven (7) days. Payment can be made by cash, cheque, credit card (VISA, Mastercard).

Thank you for participating in our Lobby Vendor Program. All proceeds from this program supports our "Heroes for Health" Fund to assist in providing priority medical equipment and services in our community.

The Northern Lights Health Foundation