



NORTHERN LIGHTS

# Health Foundation

## Special Occasion & Tribute Form

### General Information

First and Last Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

### Special Occasion & Tribute Information

Tribute in name of: \_\_\_\_\_

Designate the area the gift goes to: \_\_\_\_\_

Send Notice of gift?  Yes  No

Address of recipient: \_\_\_\_\_

email of recipient: \_\_\_\_\_

Amount to be given: \$ \_\_\_\_\_

### Payment Information

Pay by:  Cheque  VISA  Mastercard

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

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

Expiry number: Month(00) \_\_\_\_\_ Year(0000) \_\_\_\_\_ CCV2 \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

PLEASE RETURN COMPLETED FORM TO:

Northern Lights Health Foundation

#7 Hospital Street

Fort McMurray, AB T9H 1P2

Tel: (780) 791-6041

Fax: (780) 791-6241

Email: foundation@nlhr.ca

Northern Lights Health Foundation ONLY

Confirmed By (Foundation member): \_\_\_\_\_

Date: \_\_\_\_\_