



I am proud to support **phase 2** of the capital campaign in the amount of:

\$1,000 \$500 \$200 \$100 \$50 \$ _____

I have attached a cheque made payable to **Saint Vincent's Nursing Home Foundation**

Donor: _____ Address: _____

Please charge my credit card: Visa MasterCard

Card No. _____ Expiry Date: _____

Card Holder Name: _____

Mailing address: _____

Card Holder Signature: _____ Telephone No. _____

I would like the following name to appear in the donor recognition book: I wish to remain anonymous

An income tax receipt is issued for all donations

Charitable Registration No. 89058/0145/RR/0001