Dr. Noble Irwin Regional Healthcare Foundation

Making vital investments in the health and well-being of families in Saskatchewan's Great Southwest

Grateful Patient Program

Select one:

- ◯ My donation is to be used where the greatest need exists within the Cypress Health Region.
- ◯ I wish to have my donation designated for use at the following facility and / or department or where specified below.

Donation Information

Facility Name:

Department Name:

Other Specific Use:

Donor Information

First name:

Last name:

Street address:

City:

Province:

Postal code:

E-mail address:

Phone:

Donation Amount: $

Payment Information

Payment Method:

- ◯ Cash
- ◯ Cheque
- ◯ Credit Card
- ◯ Choice 1

Visa/Mastercard Information:

Number:

Expiry:

Signature:

Please have someone from the Foundation contact me regarding:

- ☐ Planned Giving
- ☐ Monthly/Annual Pledge
- ☐ Major Gift