NANAIMO & DISTRICT HOSPITAL FOUNDATION

# THANK YOU FOR SUPPORTING A FOUNDATION FUNDRAISER!

**More info/donate online:** www.nanaimohospitalfoundation.com/fundraise

Tax receipts issued by email to each donor to help reduce costs, unless otherwise requested.

**Questions?** Contact 250-755-7690 or visit us at: 102 – 1801 Bowen Road, Nanaimo, BC V9S 1H1

Charitable Registration # 11905 0672 RR0001

| FUNDRAISER INFORMATION (PLEASE PRINT) | | |
|---|---|---|
| **First Name:** | **Last Name:** | **Date of Birth (DD/MM/YY):** |
| **Home Address/City/Postal Code:** | | **Team Name (If Applicable):** |
| **Phone:** | **Email:** | **Gender (Male or Female):** |

| DONOR INFORMATION (PLEASE PRINT) | | | | |
|---|---|---|---|---|
| **First/Last Name:** | **Home Address/City/Postal Code** | **Phone** | **Email (Required for Tax Receipt)** | **Amount** |
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**IMPORTANT NOTE: IF YOU DO NOT PROVIDE ALL OF THE DONOR INFORMATION ABOVE (INCLUDING EMAIL) WE WILL ASSUME THE DONOR WISHES TO REMAIN ANONYMOUS AND DOES NOT REQUIRE A TAX RECEIPT.**