



Donor Information (please print or type)

Name _____ Address _____

City _____ Province _____ Postal Code _____

Telephone (home) _____ Telephone (work) _____

E-mail _____ Fax _____

Donation Information

I (we) plan to make this contribution in the form of:

___ cash ___ cheque ___ credit card ___ other

Credit card type _____ Expiration date _____

Credit Card Number _____

Authorizing signature _____

Acknowledgement Information

Please use the following name(s) in all acknowledgements:

___ I (we) wish to have our gift remain anonymous.

Signature(s) _____ Date _____

Please make cheques, corporate matches, or other gifts payable to:

Jubilee Residences Foundation

833 Avenue P North

Saskatoon, SK S7L 2W5

Phone: (306) 382-2626 ext. 237 Fax: (306) 382-2633

Email: mona.etcheverry@saskatoonhealthregion.ca