



Yes, I'll help people who need care and support. Here's my gift to the CapitalCare Foundation for the benefit of those receiving care:

\$30 \$60 \$120 Other \$_____ (your choice)

I would like my donation to support:

Where most needed

Donation made in memory of *(if applicable)*: _____

Or, specifically to centre:

- CapitalCare Dickinsfield
- CapitalCare Grandview
- CapitalCare Lynnwood
- CapitalCare Norwood
- CapitalCare Strathcona
- Laurier House Strathcona

- Kipnes Centre for Veterans
- McConnell Place North
- McConnell Place West
- CHOICE Program
- Laurier House Lynnwood

Yes, please send me the monthly donation agreement!

The CapitalCare Foundation does not rent, sell or share its donor list.

Send my tax receipt to *(if applicable)*:

Name: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Please make your cheque payable to CapitalCare Foundation and mail to:

CapitalCare Foundation
6th floor, 10909 Jasper Avenue NW
Edmonton AB T5J 3M9

Phone: (780) 448-2413
Fax: (780) 496-7148
Website: www.capitalcarefoundation.net

Charitable Registration Number 13874 8835 RR0001

Donations can also be made by

VISA MasterCard AMEX

Card # _____

Expiry _____ / _____

Signature _____

Or, you can visit our website at www.capitalcarefoundation.net to make a secure online donation.

Thank you for your support, you are making a difference!

Our passion is caring