

**ST. MARYS MEMORIAL
HOSPITAL FOUNDATION**

Care to Give - Give to Care

I wish to support the St. Marys Memorial Hospital Foundation:

Donor Name: _____

Mailing Address: _____

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Telephone: _____ **Email:** _____

My donation is in memory of _____
(Complete if applicable)

Amount of donation: _____

Please make cheques payable to:

**St. Marys Memorial Hospital Foundation
267 Queen Street West
Post Office Box 940
St. Marys, Ontario
N4X 1B6**

The SMMH Foundation's Charitable Registration No. is 890809841RR001