



Northern
Diabetes
Health
Network

Réseau-
Santé du
Diabète
du Nord

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In Appreciation of Your Donation you will receive:

Official tax receipt for donations over \$10.00

Please provide the following:

Name: _____

Street: _____

City: _____ Province: _____ Postal Code: _____

Phone (h): _____ Phone (w): _____

My tax deductible gift is: \$

In memory of: _____

I would like to designate my donation to:

Community-based Diabetes Education Program located in _____

Northern Diabetes Health Network

Please use my donation where it is needed most, or

Comments:

Method of Payment

Cheque

Money Order

Make cheques and money orders payable to Northern Diabetes Health Network.

Who should we notify of this donation:

Name: _____

Street: _____

City: _____ Province: _____ Postal Code: _____

Charitable Registration # 13846 1603 RROOO1