

Donation Form

Thank you for your support to fund equipment, programs and services, and capital needs at the Stanton Territorial Hospital.

Contact Information:

Name: _____
(First) (Last)

Mailing Address (for tax receipt purposes):

(Apt) (Address) (City)

(Terr. /Prov) (Postal Code) ()
(Phone Number)

EMAIL Address: _____

Payment Information (Visa or MasterCard):

(Name on card) (Signature)

(Card number) ____/____
(Expiry date)

Donation Information:

I would like to donate: \$ _____

I would like my donation to be directed to:

- Greatest Need
- General Equipment
- Other (please specify): _____

I am supporting the Stanton Territorial Hospital because:

- In memorial (name): _____
- My family member was well cared for recently
- I believe in the cause
- I heard about your current needs



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