

Memorial Giving

Memorial donations are a significant way to pay tribute to a relative, friend or colleague who has passed. Your donation will help us improve the lives of residents across our Territory.

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: \$ _____

In memorial (name): _____

Upon receipt of your gift, we can send a letter to the honoree's next-of-kin in acknowledgement of your special gift (the amount of your gift will be kept strictly confidential).

- Yes, please send an acknowledgement letter to the name and address below.
- No, I do not wish to send a letter.

(First) (Last)

(Mailing Address) (City, Prov./Terr., Postal Code)



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