

Print this form and fill in the following information so we can acknowledge and receipt you for your gift.



# Pathways Health Centre for Children

Yes, I want to help your children reach their potential.

Mr./Mrs./Miss/Ms.

My cheque/money order is enclosed for:

- \$30       \$50       \$75       \$100

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

I wish to contribute: \_\_\_\_\_

\_\_\_\_\_  
Address

Make cheques payable to the:

Pathways Health Centre for Children

\_\_\_\_\_  
City

\_\_\_\_\_  
Prov.

\_\_\_\_\_  
Postal Code

Please direct my gift to: (please check one)

- Where the need is greatest
- A specific program \_\_\_\_\_  
(please specify)

\_\_\_\_\_  
Telephone (home)

\_\_\_\_\_  
Telephone (business)

I prefer to remain anonymous, please do not publish my name.

My Gift is: (please specify)

- In Honour of \_\_\_\_\_
- In Memory of \_\_\_\_\_

**Mail Donation & Form to:**

**Pathways Health Centre for Children  
1240 Murphy Rd.  
Sarnia, ON N7S 2Y6**