



# West Lincoln Memorial Auxiliary Donor Tree

Donor Name(s): \_\_\_\_\_

Address: Street: \_\_\_\_\_

City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

Donation Options. Tax receipt will be issued.

Leaf  Gold \$500  Silver \$250

Rock  \$ 2500

Payment Method:

Cheque

Etransfer to [WLMAFinance@bell.net](mailto:WLMAFinance@bell.net)

Credit Cards (accepted at [wlmauxiliary.ca](http://wlmauxiliary.ca))

Payment Received

Leaf Text. Please print clearly.

Donor confirm Information is correct

Donor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for supporting West Lincoln Memorial Auxiliary  
and equipment purchases for the new West Lincoln Memorial Hospital



**WEST LINCOLN  
MEMORIAL AUXILIARY**  
*Together We Can Make A Difference*