



Yes, I'll help people who need care and support. Here's my tax-creditable gift to the CapitalCare Foundation for the benefit of those receiving care:

\$30 \$60 \$120 Other \$_____

I would like my donation to support:

Where most needed

Or, specifically to:

- | | |
|---|---|
| <input type="checkbox"/> CapitalCare Dickinsfield | <input type="checkbox"/> Kipnes Centre for Veterans |
| <input type="checkbox"/> CapitalCare Grandview | <input type="checkbox"/> McConnell Place North |
| <input type="checkbox"/> CapitalCare Lynnwood | <input type="checkbox"/> McConnell Place West |
| <input type="checkbox"/> CapitalCare Norwood | <input type="checkbox"/> CHOICE Program |
| <input type="checkbox"/> CapitalCare Strathcona | <input type="checkbox"/> Laurier House Lynnwood |
| <input type="checkbox"/> Strathcona Alzheimer Care Centre | <input type="checkbox"/> Laurier House Strathcona |

Please contact me to arrange monthly or future donations
Daytime phone number _____

The CapitalCare Foundation does not rent, sell or share its donor list.

If applicable, send my tax receipt to: (please print clearly)

Name: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Please make your cheque payable to CapitalCare Foundation and mail to:

CapitalCare Foundation
6th floor, 10909 Jasper Avenue NW
Edmonton AB T5J 3M9

Phone: (780) 448-2413

Fax: (780) 496-7148

Website: www.capitalcare.net/foundation

Charitable Registration Number 13874 8835 RR0001

Donations can also be made by

VISA MasterCard AMEX

Card # _____

Expiry _____ / _____

Signature _____

Or, you can email this information directly to the Foundation at ccfoundation@capitalcare.net.

Thank you for your support. You are making a difference!

leaders in support of continuing care