



1800 8th Street East
Owen Sound, ON N4K 6M9
519-372-3925
www.brightshoresfoundation.ca

Charitable Registration
#BN 124052507 RR0001

Yes, I would like to make a gift!

Mr. Mrs. Mr. & Mrs. Dr. Ms.

First Name: _____ Last Name: _____
Company (if on behalf of a business): _____

Address: _____
City: _____ Province: _____ PC: _____
Phone Number: _____ E-mail: _____

I want to help purchase medical equipment with my gift of:

\$25 \$50 \$100 \$250 Other _____
 Visa MasterCard Amex My cheque is enclosed.

Card Number: _____ Expiry: _____/_____
Name on card: _____

If your gift is in honour or memory of someone, please complete the following:

In memory In honour of: _____
Please send an acknowledgment to: _____

Message / special instructions: _____

Thank-you for making a difference!

We value your privacy.

We do not sell, trade or share our mailing lists. The information you provide will be used to keep you informed about the activities of the Foundation, including services, special events, opportunities to give and more. If at any time you wish to be removed from any of these communications, contact us at 519.372.3925 or email office@brightshoresfoundation.ca. Please allow 15 business days to update our records.