



FOUNDATION
Twin Rivers Health Care

Twin Rivers Health Care Foundation Inc.

Please Direct My Donation To:

- Wherever the need is greatest
 To enhance Health Services in the community of _____

I wish this donation to be in memory of _____

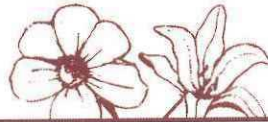
Donations are income tax deductible and a receipt will be issued.

NAME: _____

ADDRESS: _____ PC: _____

PHONE: _____ Twin Rivers Health Care Foundation Charitable Registration # 88843-1422-RR0001

Thank you for your support!



FOUNDATION
Twin Rivers Health Care

*In lieu of flowers
a donation has been made
to the
Twin Rivers Health Care Foundation
in memory of your loved one.*