



**St. John Ambulance**

**SAVING LIVES**  
at work, home and play



Yes!, I want to support  
St. John Ambulance's  
Programs & Services:

- Community Service
- Training & Health Promotion
- Council Chair's Fund
- St. John Eye Hospital

I wish to give:

\$10.00

\$ 25.00

\$ 50.00

\$ 100.00

Other: \_\_\_\_\_

Please mail this form with your donation to:

St. John Ambulance  
Council for Ontario  
15 Toronto St., Suite 800  
Toronto, ON M5C 2E3  
Tel: (416) 923-8411 Ext. 233

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Tel.: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Cheque     Money Order     Visa     Master Card     American Express

Card #: \_\_\_\_\_ Exp: \_\_\_\_\_

Card Holder: \_\_\_\_\_

Signature: \_\_\_\_\_

Cheque Enclosed payable to "St. John Council for Ontario"

\*All donations of \$10.00 and over will receive a tax receipt.

*Thank you for your support of St. John Ambulance's Programs & Services*