



St. John Ambulance

SAVING LIVES

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
 Kawartha Branch
 P.O. BOX 854
 210 Kent Street West
 Lindsay, ON, K9V 5N3
 Tel. (705) 324-9894

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 Ambulance"

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

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