



**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**  
**Lincoln County Branch**  
**219 Church Street**  
**St. Catharines, ON, L2R 3E8**  
**Tel: (905) 685-8964**

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*