St. John Ambulance

SAVING LIVES
at work, home and play

☑ YES! I want to support St John Ambulance. Here is my donation .

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- ☐ $150.00
- ☐ $100.00
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Name: _____

Title.: _____

Company Name: _____

Address: _____

City: _____ Province: _____ Postal Code _____

Tel: ( ) _____ Fax: ( ) _____

E-mail: _____

☐ Cheque ☐ Money Order ☐ Visa ☐ Master Card ☐ Amex

Card #: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Exp:_____

Card Holder: _____

Signature: _____

Mail to:
St. John Ambulance
Stratford Branch
55 Charles St.
Stratford, ON Canada N5A 5X6

Please make cheque or money order, payable to "St John Ambulance"

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

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