



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
Thunder Bay Branch
518 Fort William Road
Thunder Bay, ON, P7B 2X8
Tel: (807) 345-1712**

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