"ACT OF PREVENTION 2012" FUNDRAISING FOR TAPESTRY FOUNDATION FOR HEALTH CARE BENEFITING MOUNT SAINT JOSEPH HOSPITAL

TAX RECEIPT INFORMATION

NAME OF G	ROUP/PERSON:
ADDRESS: _	CITY:
PROVINCE:	POSTAL CODE:
TELEPHONE	E: EMAIL:
DONATION	
AMOUNT: \$	
PAID BY:	□ CASH □ CHEQUE (Please make cheque payable to: TAPESTRY FOUNDATION FOR HEALTH CARE and mail to our office: Unit 2125 – 8766 McKim Way, Richmond, BC, V6X 4G4 Charitable Registration number 84463 9872 RR001)
FOR OFFICE	
DATE RECEI	VED:
SIGNATURE:	