

In Memory of

(PLEASE PRINT)

Please Notify The Bereaved Family Of My Gift

Name: _____ Address: _____

City: _____ Province: _____ Postal Code: _____ Relationship to deceased: _____

Donor

Name: _____ Address: _____

City: _____ Province: _____ Postal Code: _____

Amount of Donation*: _____ Date: _____ Telephone: _____

*Charitable receipts issued for gifts of \$10.00 or more

Enclosed is my cheque payable to: Lupus SK – Box 88, Royal University Hospital, 103 Hospital Drive, Saskatoon, SK S7N 0W8 • 1-877-566-6123