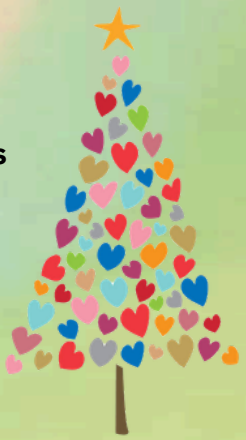
Tree of Love

James Paton Memorial Regional Health Centre
Monday, December 7 at 7:00 PM
Pediatric Bundle

Dr. Y. K. Jeon Kittiwake Health Centre/Bonnews
Tuesday, December 8 at 7:00 PM
Wireless Bladder Scanner

Notre Dame Bay Memorial Health Centre
Wednesday, December 9 at 6:30 PM
Equipment Upgrades for Outpatient and Emergency Departments



GAL Long Term Care
Thursday, December 10 at 2:00 PM
Funding for Recreation Entertainment Fund

Fogo Island Health Centre
Wednesday, December 16 at 7:00 PM
Sleeper Chair for Palliative Care

Lakeside Homes
Thursday, December 17 at 2:00 PM
Raised Garden Planters

Clip this form and mail it along with your donation to the Central Northeast Health Foundation or to the healthcare facility of your choice. Your contribution will be used to enhance health programs and services in our region.

PLEASE SELECT WHICH HEALTHCARE FACILITY YOU WOULD LIKE YOUR DONATION TO SUPPORT:

- ☐ James Paton Memorial Regional Health Centre
  125 Trans Canada Highway Gander, NL, A1V 1P7
- ☐ Lakeside Homes
  95 Airport Blvd. Gander, NL, A1V 2L7
- ☐ Fogo Island Health Centre
  P. O. Box 9, Fogo, NL, A0G 2B0
- ☐ Notre Dame Bay Memorial Health Centre
  Twillingate, NL, A0G 4M0
- ☐ Dr. Y.K. Jeon Kittiwake Health Centre/ Bonnews Lodge
  P. O. Box 209 Badger's Quay, NL, A0G 1B0
- ☐ GAL Long Term Care Facility
  1A Magee Road, Gander, NL, A1V 1W1

central northeast health foundation

Central Northeast
Health Foundation
P.O. Box 222 Gander, NL
A1V 1W6
Tel. # (709) 256-5742
Visit www.cnehf.nl.ca for more information.

Please print clearly. Use back of form if necessary. Cheques may be made payable to the Central Northeast Health Foundation.

Donor Name:_____

Mailing Address:_____

Town:_____ Postal Code:_____

Email:_____ Phone #:_____

In Memory of: (Deceased) _____

Best Wishes to: (Living) _____

Donation from: (i.e. With Love, Aunt Beth) _____

Donation: $_____

VISA MasterCard # _____

Card Expiry _____/_____ CVV: _____ Cheque: ☐

Signature_____

Office Use Only: ☐ BULB ☐ BOARD