



Yes! I want to support the Parkridge Centre Quality of Life Development Program.

Option 1 Cheque (Payable to Parkridge Centre Quality of Life Development Program)

Option 2 Visa MasterCard Credit Card Number expiry date

Signature _____ date

Name_____

Address_____

City/town_____ Province_____

Postal Code_____ email_____

Please send me planned giving information without obligation.

We respect your privacy. Check here if you do not want to receive future mailings from Parkridge Centre Quality of Life Development Program.

Thank you!

Parkridge Centre Quality of life Development Program values every dollar. All Donations are tax deductible. Tax receipts issued for all donations of \$25.00 or more unless requested.

Mail or bring to:

Parkridge Centre

100 Gropper Crescent

Saskatoon, Sk. S7M 5N9

Phone 306-655-3836

Fax 306-655-3801

Email Parkridgecentre@saskatoonhealthregion.ca

Charitable registration number 130091820RR0001