

Tribute Wall

~in loving memory~



Yes, I would like to order

- a single tribute plaque - \$350 donation
- a double tribute plaque - \$500 donation
(names are side-by-side on one plaque)

1st Tribute

First Name & Initial (max 20 characters)

Last Name (max 20 characters)

Year of Birth

Year of Passing

2nd Tribute (if applicable)

First Name & Initial (max 20 characters)

Last Name (max 20 characters)

Year of Birth

Year of Passing

Donor & Payment Information:

Name _____

Address _____

City _____ Prov. _____ P.C. _____

☎ _____ ✉ _____

Cash Debit Cheque (Payable to the PRH Foundation)

Credit Card: Visa MasterCard American Express

Card # _____

Exp: _____ / _____ _____
(signature)

**Please return completed form and donation to
the Pembroke Regional Hospital Foundation:**

705 Mackay Street (Tower A, Room 126)
Pembroke, ON, K8A 1G8

