



# Ministry of Health & Wellness NORTH-EAST REGIONAL HEALTH AUTHORITY (NERHA)

## DONATIONS

**Thank you so much for your donation! Please provide the information requested below:**

**Name of Agency/Group:**.....

.....

**Address and Contact Details:** .....

.....

**Tel:**..... **Email:**.....

**Fax:**.....

**Second Key Contact Person:**.....

**Tel:**..... **Email:**.....

**Summary of Items Donated:** .....

**Name of Team Members:**

a) .....

b) .....

c) .....

d) .....

e) .....

Please write any additional information that you would like included in a Press Release regarding your donation on the line here:

.....

.....

.....

.....

.....

.....

.....

.....

.....