

Donation Form

Thank you for your donation to the South East Regional Health Authority!

Please provide the information requested below:

Name of Agency/Group/Individual:

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Address:

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Tel: **Email:**

Fax:

Name of Health Facility that you Wish to Donate:

List of Items To Be Donated:

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Cost of the Donation:

Proposed Date and Time of Handover:

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

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Contact Persons for More Information: Mr. Courtney Cephas, Executive Director
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Ministry of Health & Wellness
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Tel: 876-633-8206

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