

PLEASE RETURN WITH YOUR DONATION, STATING AMOUNT,
NAME AND ADDRESS.

*To the Secretary-Treasurer,
Hospital for Sick Children,
Toronto.*

Dear Sir,

*Enclosed please find \$.....
as a donation to the funds of the Hospital for Sick
Children, Toronto.*

Name of Donor

Address

.....

Date

THE HOSPITAL FOR SICK CHILDREN,

67 College Street,

TORONTO,

ONT.

WATSON SWAINE

BURTON HOLLAND,

Secretary-Treasurer.

