

Sutherland Harris Memorial Hospital Foundation
Funding Feedback Form

Name of Organization: _____

Project Title: _____

Contact Person: _____ Telephone: _____

Application Date: _____ Completion Date: _____

Please inform us how the project goals have been achieved:

Provide brief specifics on how the Sutherland Harris Memorial Hospital Foundation's funding was used:

Additional Comments:

Signed by a senior officer of the proponent organization:

Name	Office	Date
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Please return completed form to: Sutherland Harris Memorial Hospital Foundation, P.O. Box 504,
Pictou, NS B0K 1H0