



**St. Michael's  
Grove Manor**



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grovemanor@smhg.ca

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*Member of  
St. Michael's Health Group*

**Non-Binding Commitment of Intent to Lease**

This correspondence shall serve as a non-binding commitment of intent to lease a suite at St. Michael's Fenwyck Heights, located at 260 Pioneer Rd in the Fenwyck community of Spruce Grove, AB.

I understand that the lease terms and rental rates have been provided to me.

I am applying a **\$500** deposit to hold suite number \_\_\_\_\_ as my first choice of units once the facility is completed. If this suite is not to my satisfaction or I change my mind, I will be free to choose another available unit.

St. Michael's will hold the deposit until formal lease agreements are ready to be signed. This deposit may then be applied to the new lease agreement.

Should my circumstances change prior to the facility opening, and/or I no longer wish to lease a suite at Fenwyck Heights, St. Michael's Grove Manor will refund 100% of my deposit.

<b>Name:</b>	
<b>Current Address:</b>	
<b>City:</b>	<b>Postal Code:</b>
<b>Phone:</b>	
<b>Email:</b>	

***Cheques to be made out to:  
"St. Michael's Grove Manor"***

\_\_\_\_\_  
*Applicant Signature*

***Etransfers can be sent to:  
[finance@smhg.ca](mailto:finance@smhg.ca)***

***Indicate in the message of the etransfer  
this is a Fenwyck Heights deposit.***

\_\_\_\_\_  
*Date*

<b><u>For Office Use Only</u></b>
<input type="checkbox"/> Deposit Received on _____ <span style="margin-left: 150px;"><i>(date)</i></span>
<input type="checkbox"/> Receipt Issued ( <i>receipt #</i> _____ )
Administrator's Initials _____



**Subsidiary of:**  
St. Michael's HealthCare Services