



CREDIT VALLEY
THE CREDIT VALLEY HOSPITAL FOUNDATION

The Credit Valley Hospital Foundation *Lifetime of Care Family Campaign* Pledge Form

I am pleased to contribute to the healthcare of the communities served by The Credit Valley Hospital with a pledge to this Campaign of:
 \$_____ per pay for 5 years, for a total gift of \$_____.
 (Please see table below)

- I would like my first deduction to commence on the next pay period Today's date: _____
 or
 I would like my first deduction to commence on this date: _____

Donor Information:

Name: _____ Dept. _____ Ext. _____
 Home Address: _____
 Postal Code: _____ Telephone: _____ Home E-Mail: _____
 Date: _____ Signature: _____

The Foundation's mandate is to provide funding for the priority needs of the hospital which include the following areas.
Pick your Passion and choose to designate your gift to one of these areas!

- | | | |
|---|---|--|
| <input type="checkbox"/> Most Urgent Need | <input type="checkbox"/> General Equipment Fund | <input type="checkbox"/> Genetic Department |
| <input type="checkbox"/> Building Fund | <input type="checkbox"/> Paediatric Equipment | <input type="checkbox"/> Laboratory Equipment |
| <input type="checkbox"/> Beds & Bassinettes | <input type="checkbox"/> Special Care Nursery Equipment | <input type="checkbox"/> Continuing care Equipment |
| <input type="checkbox"/> Cancer Fund | <input type="checkbox"/> Labour & Delivery Equipment | <input type="checkbox"/> Palliative Care Equipment |

For donor recognition purposes, my name should be recorded as:

OR

- I wish to remain anonymous and I understand that my name will not be listed on the Staff Donor Wall or on any printed materials

Family Appeal Sample Pledge Table

Per Pay Period	Annual	Total Gift (5 yrs)
\$5	\$130	\$650
\$7	\$182	\$910
\$10	\$260	\$1,300
\$15	\$390	\$1,950
\$25	\$650	\$3,250
\$30	\$780	\$3,900
\$50	\$1,300	\$6,500
\$100	\$2,600	\$13,000

* Please note that room naming opportunities are available with a total pledge of \$15,000+.

Your annual gift amount will be noted on your T-4 slip for tax purposes. The CVH Foundation Charitable Business #10520 6353 RR0001

Please return to JOANNE ALVES in the FOUNDATION OFFICE
 Thank you for your generosity!