

**Yes! I want to make a gift to the hospital to honour a special person or just to say thank you!**

To make a gift, please complete this form and send it with your donation to the address below. It is also easy to make a gift through our secure web site: [www.givetocmh.ca](http://www.givetocmh.ca)

**My gift is in Honour of . . .**

Caregiver Name & Department

**Message to / about caregiver:**

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**I would like to see my donation:**

- Shared where needed most to benefit the hospital
- Directed to the work of \_\_\_\_\_

PLEASE INDICATE SPECIFIC DEPARTMENT

**Please mail to:** Campbellford Memorial Hospital Foundation, 146 Oliver Road, Campbellford, ON, K0L 1L0

**etransfer to:** [foundation@cmh.ca](mailto:foundation@cmh.ca)

\*The amount of your gift will not be disclosed. Donation receipts will be issued for donations of \$20 or more. For more information, please contact the Foundation Office at (705) 653-1140 ext 2107 or [foundation@cmh.ca](mailto:foundation@cmh.ca)

*\* Thank You for Your Gift+ \**



**Campbellford Memorial Hospital Foundation**

Giving Changes Everything

**For more info visit [givetocmh.ca](http://givetocmh.ca)  
or call 705 653 1140 ext 2107  
E-transfer to [foundation@cmh.ca](mailto:foundation@cmh.ca)**

**Learn More**



**146 Oliver Rd, Campbellford, ON K0L 1L0  
Charitable Taxation #: 118826650RR0001**



**Campbellford Memorial Hospital Foundation**

# Have you received outstanding care as a patient at Campbellford Memorial Hospital?

When you, a family member, loved one or friend has received outstanding care from an individual or department at Campbellford Memorial Hospital please consider recognizing these Champions of Care with a donation to the Hospital Foundation in their honour.

Make a donation in honour of the physician nurse, volunteer, caregiver or support staff member who made a difference in your care. We will inform them of your generous gift\* and present them with a certificate that may be displayed in their office, workspace, or home. The Foundation will also ensure that he or she is recognized by superiors and coworkers.

Your donation will help provide funding for the purchase of new, advanced equipment and staff educational activities at Campbellford Memorial Hospital.

\*Donation amount will not be disclosed

## Was there . . .

A therapist who encouraged you to take one more step

~

A volunteer who couldn't do enough for you

~

A nurse who went beyond the call of duty to meet your needs

~

A caring doctor who took the time to listen

~

A mental health worker who was there to help

~

A housekeeper who brightened your day

The most meaningful way to say thank you is by making a donation to the Campbellford Memorial Hospital Foundation's Champions of Care program.

By making a donation you not only pay tribute to the hospital or the person who provided you with exceptional care your support means helping more people at your hospital!

**Our community is so fortunate to have the Campbellford Memorial Hospital available for us when we need medical care and comfort. During an illness the staff at CMH was wonderful. I can't thank them enough for being there for me.**

Grateful Patient Gladys

# I want to say thank you to my Champions of Care

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

## Enclosed is my cheque for:

\$50  \$100  \$500  other: \$ \_\_\_\_\_

(Please make cheques payable to the Campbellford Memorial Hospital Foundation)

Please charge my:  VISA  Mastercard

Card # \_\_\_\_\_

Expiration Date (Month/Year) \_\_\_\_\_

CVV Code \_\_\_\_\_

Name On Card \_\_\_\_\_

Signature \_\_\_\_\_

Please contact me about your **Monthly Giving Program**

Please send me information about **leaving a gift** to Campbellford Memorial Hospital in my Will.