



Supporting Quality Health Care **Close to Home**

The Campbellford Memorial Hospital Foundation works with the donor community to fund the purchase of high priority patient care equipment for YOUR hospital! Together, with our donors and guided by our values, the CMH Foundation gives financial support to the hospital to assist in providing quality patient-centred healthcare to the citizens of our large service area.

Our work is never done. Year after year there are new equipment, education and information technology needs at CMH. All areas of the hospital have benefited from your gifts over the years through donor-funded purchases. Your gift can be designated to a specific area of the hospital.



Thank you for Supporting Quality Health Care **Close to Home**

Campbellford Memorial Hospital Foundation
146 Oliver Rd, Campbellford, ON K0L 1L0
705-653-1140 Ext. 2104

Charitable Taxation #: 118826650RR0001

Visit us or
donate securely on-line at:
www.givetocmh.ca



CAMPBELLFORD
MEMORIAL HOSPITAL FOUNDATION

Donor Recognition

Your Donation
Advances Health Care Excellence
Today



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Campbellford Memorial Hospital Foundation's Donor Recognition Program

Donor generosity to Campbellford Memorial Hospital Foundation is never taken for granted. We understand your donations and gifts come from a belief and commitment in making a difference in local healthcare for everyone in the surrounding area.

Our Donor Recognition Program recognizes with sincere appreciation those loyal and committed individuals who have graciously supported our hospital. Their support touches thousands of patients every year.

On behalf of our patients and staff, we thank you.

The Campbellford Memorial Hospital Foundation acknowledges gifts with a personal letter of acknowledgement and donation tax receipt. Additionally, contributors over \$1,000 will receive recognition on our Donor Wall as follows:

Donor Recognition Levels (Cumulative Giving)

Friend \$1,000 to \$4,999

Supporter \$5,000 to \$9,999

Patron \$10,000 to \$24,999

Companion \$25,000 to \$49,999

Partner \$50,000 to \$99,999

Plus the opportunity to co-sponsor the dedication of a hospital room

Steward \$100,000 to \$249,999

Plus the opportunity to sponsor the dedication of a hospital room

Founder \$250,000 to \$499,000

Plus the opportunity to name an area of the hospital

Benefactor \$500,000 to \$999,999

Plus the opportunity to name an area of the hospital

Visionary \$1,000,000 and over

Plus the opportunity to name a significant area of the hospital



I want to support patient care at Campbellford Memorial Hospital

Name _____

Address _____

City _____

Province _____ Postal Code _____

Day Phone # _____

Evening Phone # _____

Email _____

My gift is in memory/honour of:

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 # _____

Exp. Date _____ Month / Year _____

Name on Card _____

Signature _____

Donate securely on-line at:

www.givetocmh.ca

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

Please send me information about leaving a gift to the hospital in my Will.

For more information on the Foundation, please contact us:

Campbellford Memorial Hospital Foundation

146 Oliver Road • Campbellford, ON K0L 1L0

Phone: (705) 653-1140 ext 2104

www.givetocmh.ca