HELP KEEP THE PROMISE

Monthly Giving

Our monthly giving program allows you to make a donation through monthly payments. It saves envelopes and postage while maximizing your generosity. You can change the amount or cancel at any time by notifying the Stratford General Hospital Foundation. Many people like this method of showing their support for the hospital since it is an easy way to make an even more significant impact.

Tribute Giving

What a wonderful way to say thank you to a doctor, nurse, volunteer or staff member who made a difference in your care or the care of a loved one.

Would you like to celebrate one of life’s special occasions such as an anniversary, Bar/Bat Mitzvah, birthday, holiday, new baby, retirement, wedding or simply say thank you?

Make a donation to honour or remember a loved one or to celebrate an occasion. No gift will make the receiver feel as good or have as much impact on the health of our community.

Give online or start your own fundraising page. For details visit our website at www.sghfoundation.org

Like us on Facebook

We can never say thank you enough!

PROMISES MADE, PROMISES KEPT
HELP KEEP THE PROMISE...
If your hospital could make you a promise...

You’d ask to be treated with warmth, compassion and respect. You’d want your care to be safe and effective, and delivered by professionals who see you as a person, not just a patient.

But there’s more to living up to a promise of exceptional care isn’t there? If you’re like most people, you’d also want your doctors, nurses and other caregivers to have the very best equipment, state-of-the-art technology and finest facilities available.

Only through the generosity and support of our donors – people just like you – can we live up to that promise, not only providing you with the kind, compassionate care you expect, but ensuring the finest tools and technology are always at the fingertips of our caregivers.

Your donation counts! Our healthcare team has one main focus – YOU – and your care. Each and every day our healthcare team touches the lives of people and their families with their compassion, skill and expertise. Every gift you give impacts the care we are able to provide. Your support purchases essential medical equipment – equipment we can’t afford to be without. Please help us keep the promise.

State-of-the-art equipment for:
- Better patient care
- Retention & recruitment of physicians
- Other healthcare professionals

Your Donation COUNTS! Your Gift = Medical Equipment

100% of all medical equipment must be raised locally.
You can help give our doctors, nurses and staff the tools they need to care for those who walk through our doors. From wheelchairs to pain pumps from surgical equipment to cardiac monitors, x-ray machines, scopes and a faxitron – our equipment pieces range from $300 - $500,000 each.

HELP us Keep the PROMISE
Make a gift by simply filling in this form, detaching and mailing it back to us at the Stratford General Hospital Foundation.

If you would prefer to make your donation online, visit us at www.sghfoundation.org

☐ Yes, I would like to join the Monthly Donor Program
☐ My "check" cheque is enclosed
☐ My credit card details are below
☐ Please receipt me annually
☐ Please receipt me monthly
☐ Today, I am making a one-time donation
☐ I am making a gift to honour someone special
(Please complete tribute card information to the right)

GIFT AMOUNT
☐ $25 ☐ $50 ☐ $100 ☐ $200 ☐ $500 ☐ $1,000
☐ Other $ ______________________
☐ Monthly $ ______________________

PLEASE DIRECT MY GIFT TO
☐ Where is the need: the most
☐ Other area of care: ______________________

My Name: ______________________
Company: ______________________
Address: ______________________
City: ______________________ PROV: ______________________ Postal: ______________________
Tel (H): ______________________ Tel (B): ______________________
Email: ______________________

Enclosed is my cheque payable to Stratford General Hospital Foundation
Please bill my: ☐ VISA ☐ Master Card ☐ American Express

Card number ______________________
Expire date ______________________
Name on Card ______________________
Signature ______________________

Double your gift!
I work for an employer who has a matching gift program. Here is the company name and main phone number: ______________________

Tribute Card Information
I am making a gift: ______________________
In memory of: ______________________
In Honour of: ______________________
My relationship to this person: ______________________
I would like an acknowledgement sent to: ______________________
Name: ______________________
Address: ______________________
City: ______________________ PROV: ______________________ Postal: ______________________
Your special message: ______________________

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