

# *When a bandaid is not enough – I care!*

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ POSTAL CODE \_\_\_\_\_ TELEPHONE \_\_\_\_\_

ENCLOSED IS MY CHEQUE TO STRATFORD GENERAL HOSPITAL FOUNDATION

\$1,000     \$500     \$250     \$100     \$50     \$25    I PREFER TO GIVE \$

VISA     MASTERCARD    CARD # \_\_\_\_\_ EXPIRY DATE \_\_\_\_\_

I'D LIKE TO PLEDGE MY SUPPORT OF \$ \_\_\_\_\_ EACH YEAR OVER THE NEXT \_\_\_\_\_ YEARS.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

A receipt will be issued for tax purposes. Charitable Registration # BN 11920 0004 RR0001. Our donor records are confidential. We do not share our lists.

I do not wish my name listed in Foundation publications.



*Thank you  
for caring!*