The Leader In Women's Health

Women's

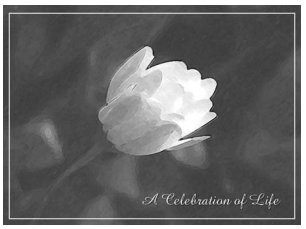
A Lasting Tribute

BC WOMEN'S HOSPITAL & HEALTH CENTRE
FOUNDATION TRIBUTE GIFT PROGRAM

Thank You

Best Wishes!

In Loving Memory



A Celebration of Life

A gift that lasts

Here is my Tribute Gift in the amount of $ _____

Which card would you like to send?

☐ In Loving Memory of: _____

☐ A Celebration of Life for: _____

☐ Best Wishes to: _____

☐ Thank You to: _____

Additional greeting in your own words (optional): _____

_____

Please send the appropriate Tribute Card to

one card per gift

Name: _____

Address: _____

City: _____ Postal Code: _____

Tel: _____

How would you like the card signed? _____

Payment and contact information

Your name (as it should appear on the receipt): _____

Address: _____

City: _____ Postal Code: _____

Phone Number: _____ E-mail Address: _____

☐ VISA ☐ MasterCard ☐ Cheque enclosed (made payable to BC Women's Hospital & Health Centre Foundation)

Credit Card #: |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Expiry Date: |_|_|_|_| Signature: _____

BC Women's Hospital & Health Centre Foundation respects your privacy. We treat your personal information with respect. We do not rent, sell, or trade our mailing lists. The information you provide will be used to provide tax receipts and keep you informed of activities at Women's including programs, services, special events, and other opportunities to give. If at any time you want to be removed from our list, please contact us by telephone at 604-875-2270 or e-mail at info@womensfoundation.ca.