

# BELLEVILLE GENERAL HOSPITAL HEROES

Yes! I want to thank my Hospital Hero

**Hospital Hero Name** \_\_\_\_\_

**Occupation** (ex. Nurse, Physician) \_\_\_\_\_

**Department or Floor** (ex. Oncology, Quinte 6, Sills 3) \_\_\_\_\_

## Reason for honouring:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Please direct my gift to:

- Area of greatest need  
 Other: \_\_\_\_\_

## Please advise if you want to keep your name and reason for honouring your Hero confidential.

- I wish to remain anonymous

## I am enclosing a gift of:

\$30    \$50    \$100    \$500    Other: \_\_\_\_\_

- I would like to make a special gift of \$1,000 to honour the exceptional care at Belleville General Hospital.

## Payment

- I have enclosed a cheque made payable to BGH Foundation

- Please bill my credit card:

Visa    Mastercard    American Express

Card Number: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Expiry: \_\_\_\_\_ Security Code: \_\_\_\_\_

## Contact Information

Mr.    Mrs.    Ms.    Miss

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

You can also make your donation by calling (613) 969-7400 ext. 2061 or online at [www.bghf.ca](http://www.bghf.ca) and receive your receipt immediately.

A receipt for tax purposes will be issued for all gifts.

BGH Foundation does not make its donor list available for use by any other organization. Please visit our website to view our Privacy Statement.

CHARITABLE BUSINESS NUMBER: BN 119215556RR0001