



SECHELT HOSPITAL
FOUNDATION

In Memory

Donating in remembrance
of a friend or loved one



GIVING A GIFT IN MEMORY

There are many ways in which you can make a gift in memory of a loved one, friend or colleague. From a donation in lieu of flowers to a lasting commemoration, no matter which you choose, your memorial gift will help support the work of the Sechelt Hospital Foundation. It will ultimately enhance health care in our community, and at the same time, celebrate the memory of this special person and the impact they made on your life.

Your donation is a gift to the thousands who live on the Sunshine Coast and need the care and lifesaving services provided by the Sechelt Hospital.

Unless you indicate otherwise, your gift will be used to support the area of greatest need at Sechelt Hospital and affiliated Sunshine Coast health units.



TRANSFORMING LIVES, TOGETHER.

A donation to the Sechelt Hospital Foundation helps transform health care and save lives on the Sunshine Coast.

Sechelt Hospital Foundation is Sechelt Hospital's primary charitable fundraising partner, raising financial support and community awareness for the hospital's health care services. We partner with donors to drive innovation and sustainable health care at Sechelt Hospital.

With the support of donors like you, the Foundation works hard to ensure that excellent care is here when you—or your loved ones—need it.

Completed donation forms can be delivered to Sechelt Hospital Foundation office (next to Admitting) or to the Hospital's Finance Office. Thank you.

phone: 604.885.8637

email: sh.foundation@vch.ca

Charitable Registration Number:
88915-7194-RR-0001



Please accept my donation, in memory of: _____

Postal Code: _____ Telephone: _____ Email: _____

Please direct my gift to: ☐ Area of greatest need ☐ Other: _____

(A tax-deductible receipt will be issued to the name on the cheque.)

Credit Card # / / / Exp. Date / CSV

I authorize Sechelt Hospital Foundation to receive the above amount on the 20th of each month. Please debit my bank account (attach void cheque and sign below) OR charge my credit card (complete details above and sign below).

This is a ☐ personal (or) ☐ organizational pre-authorized debit for charitable donations.

Thank you for your monthly support. You'll receive a consolidated tax receipt for all your monthly donations in the calendar year each February. You can change or cancel your monthly donations by calling 604.885.8637, emailing sh.foundation@vch.ca, or mailing your request. For further information about your right to cancel a Pre-Authorized Debit Agreement, as well as recourse rights, visit your financial institution or www.cdnpay.ca.

Signature: _____ Date Signed: _____

Postal Code: _____ Telephone: _____ Email: _____

Sechelt Hospital Foundation would like to send you periodic updates via email, such as newsletters, invitations and updates on Foundation activities.

☐ Yes, please send updates via email to the address above

☐ No, please do not send me emails at this time

PO Box 1761
Sechelt, British Columbia
Canada V0N 3A0

phone: 604.885.8637
email: sh.foundation@vch.ca

sechelthospitalfoundation.org

The best medicine ***is local.***

