



Surrey Hospital & Outpatient Centre

**FOUNDATION**

*Champions for exceptional care.*

**Yes, I want to support innovative health care in Surrey.**

Mr.       Mrs.       Ms.       Other \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ Suite # \_\_\_\_\_

City: \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Home phone: \_\_\_\_\_ Other phone: \_\_\_\_\_

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

Donation amount \$ \_\_\_\_\_

I choose to:       contribute to the area of greatest need  
                          designate to a specific area of the hospital \_\_\_\_\_

**Donation Type:**

General       In Memory of:       In Celebration of: \_\_\_\_\_

Please notify the following that a gift has been made In Memory or In Celebration (the amount will not be disclosed):

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

Address \_\_\_\_\_ Suite # \_\_\_\_\_

City: \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

**Paid by:**     Cheque       Visa       Mastercard       American Express

Card number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Please make cheques payable to:  
Surrey Hospital & Outpatient Centre  
Foundation

**Mail your donation to:**  
Surrey Hospital & Outpatient Centre  
Foundation  
13750 – 96<sup>th</sup> Avenue  
Surrey, BC V3V 1Z2

What prompted you to give?

- Received a letter in the mail
- I was a patient
- A family member was a patient
- E-newsletter
- Newspaper Ad
- Medical Pulse Magazine
- Other \_\_\_\_\_

Thank you!