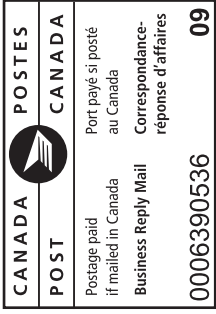


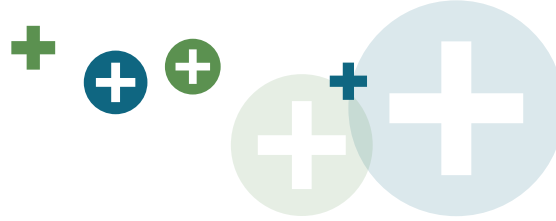
Your stamp is an added gift.



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PEACE ARCH HOSPITAL AND
COMMUNITY HEALTH FOUNDATION
15521 RUSSELL AVE
WHITE ROCK BC V4B 9Z9



For more information please contact

15521 Russell Avenue
White Rock, BC V4B 2R4
T 604.535.4520
E info@pahfoundation.ca

 peacearchfoundation
 pahfoundation
www.pahfoundation.ca



Gemini Visuals Creative Photography



The Birthday Wall REMEMBER THIS DAY...



 **Peace Arch Hospital
& Community Health
FOUNDATION**

The birth of a baby is one of life's greatest moments.

Why not celebrate with a special tribute to your baby or grandchild on the Peace Arch Hospital Birthday Wall at the entrance to the maternity unit?

A donation of \$150 provides you with a beautiful commemorative tile inscribed with your baby's name and birth date, mounted on the Peace Arch Hospital Birthday Wall, while a \$250 donation entitles you to a larger tile with your baby's name and birth date, plus a photo. For an extra special tile, a \$5,000 version is available that is much larger with room for more than one child and a personal message.

It's a wonderful way to celebrate a life, plus proceeds go toward the purchase of vital medical equipment for Peace Arch Hospital.



Gemini Visuals Creative Photography



Donor Contact Information

Dr. Mr. Mrs. Ms. Miss.

Name: FIRST LAST

Relationship to Child:

Address:

City:

Prov: Postal Code:

Phone:

Email:

To order, complete and return the form by mail, by fax at 604.541.5820, or by email info@pahfoundation.ca

Charitable Business Number: 12731 1348 RR0001

Peace Arch Hospital and Community Health Foundation respects your privacy. The information you provide will be used to recognize your support and to keep you informed and up to date on the activities of the foundation. We do not, under any circumstances, rent, sell or trade mailing lists.

Appeal Code 4059 – Birthday Wall

Donation Information

I wish to give:

\$150 (small tile) \$250 (medium tile, incl. baby photo)

\$5,000 (large tile, incl. personal message)

Child's Name: FIRST MIDDLE LAST

Birth Date: MM DD YY

Baby Photo (only applies to large tiles):

Hard copy enclosed Contact me for digital version

I wish to pay by:

Visa MasterCard Amex Cash

Cheque (made out to Peace Arch Hospital & Community Health Foundation)

Credit Card #:

Expiry Date:

Name on Card:

Please direct my donation to:

Area of greatest need Other:

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