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

THE BIRTHDAY WALL **REMEMBER THIS DAY FOREVER**

Ten little fingers, ten

perfect toes, fill our

hearts with love that

overflows.





The heart of a healthy community





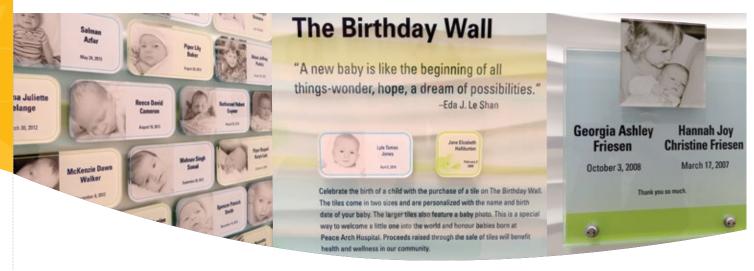
The birth of a baby is one of life's greatest moments.

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 new life and the proceeds will go towards the purchase of vital medical equipment for Peace Arch Hospital.





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

Birthday Wall recognition is valid for a 10-year period from date of purchase. Ownership of the tiles, including the rights to modify, move, replace or discontinue the wall/program, rests solely with Peace Arch Hospital Foundation.

Peace Arch Hospital 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.

Charitable Business Number: 12731 1348 RR0001 Appeal Code 4059 - Birthday Wall

Donation Information

I wish to give:
\$150 (small tile) \$250 (medium tile, includes baby photo) \$5,000 (large tile, includes personal message)
Child's Name: FIRST MIDDLE
LAST
Girl Boy Birth Date: MM / DD / YY
Baby Photo (only applies to medium & large tiles): Contact me for digital version
I wish to pay by: Visa MasterCard Amex Cash Cheque (made out to Peace Arch Hospital Foundation)
Credit Card #:
Expiry Date:
Name on Card:
Please direct my donation to: Area of greatest need Other: