

TO MAKE A DONATION, PLEASE COMPLETE THIS CARD AND RETURN IT TO US AT:
Victoria Hospitals Foundation, #602 – 620 View Street, Victoria, BC V8W 1J6

CARING SPIRIT PROGRAM

This gift is being made in appreciation of a special health care professional(s):

Name

Department

Royal Jubilee Hospital Victoria General Hospital

Date(s) of hospital stay

If you wish to provide a personal message please include a note in this envelope.

FROM

Name

Please disclose my name to my caregiver. I prefer to remain anonymous.

Street

City

Province

Postal Code

Telephone Number

Email Address

Yes, I wish to be updated annually on the Caring Spirit program.

Yes, I wish to receive the Victoria Hospitals Foundation's quarterly newsletter via email.

PLEASE FIND ENCLOSED MY GIFT OF

\$25 \$50 \$100 OR I prefer to give \$

Enclosed is my cheque or money order payable to the
Victoria Hospitals Foundation

I prefer to use my credit card. Please charge my Visa MasterCard

Card #

Expiry /

Signature

Thank you once again for your contribution to our hospitals.

We are committed to protecting your privacy. In accordance with the BC Personal Information Protection Act, VHF retains only information regarding your gift history. For complete information on our privacy policy, please visit www.victoriahf.ca or call 250-414-6688. VHF does not sell, trade, or rent its donor information.