



Together We Care

Your Investment puts patient care first

By supporting the Brant Community Healthcare System Foundation you are helping to upgrade and acquire new technology and capital equipment that is not completely covered by the Ministry of Health.

What does the BCHS Foundation do?

We are committed to raising funds from the community to purchase new and replacement equipment to benefit patient-centred care. Much of the essential equipment used everyday in the hospital to diagnose and care for patients **is funded by donor dollars** from generous individuals, community groups and corporations who, like you, want a strong local healthcare system.

How can you Help?

You can make a gift that is meaningful to you. Every donation matters and every dollar counts! Your contribution is kept strictly confidential.

Making a Gift

Payroll deduction is a convenient option to make a monthly donation in regular, pre-set and easy-to-manage amounts. You can start and stop your gift at any time. Your payroll deduction will be recognized as a **charitable gift on your T4**, and can be easily claimed on your income tax return. We ask that you consider supporting the BCHS Hospital Family Campaign with a gift that is meaningful to you.

For as little as \$10 per month (just .33 cents a day) you can help transform and support a strong healthcare system for our community.

Please contact the Foundation Office to make your gift today!



Charitable Donation Form Hospital Family

Yes, I would be pleased to support the BCHS Foundation and continue to invest in healthcare in our community.

All gifts through payroll deduction will be recognized as a charitable gift on your annual T4 produced by the BCHS Finance Department and may be used for income tax purposes. If you have any questions, please contact the Foundation Office at ext. 5510. Please return completed forms to the Foundation office located in A-Wing at the Brantford General off the main corridor adjacent to Dialysis.

Please direct my gift in support of:

- Top Priority Fund
- Patient Equipment Fund
- Area of Excellence _____



A gift of any denomination will make a difference for patients in our community

Payroll Deduction (OPTION A)

I would like to make a donation of:
\$ _____ /pay period

Regular Monthly Gift (OPTION B)

Pre-authorized giving from my bank account
(please include a voided cheque)
Gift \$ _____ (on or about the 25th of each month)

Pre-authorized giving from my credit card
(please complete credit card information)
Gift \$ _____ (on or about the 25th of each month)

Please contact me directly to discuss other gift options

Credit Card Information

Visa Mastercard American Express

PLEASE SELECT A CARD FROM THE OPTION ABOVE, BUT FOR SECURITY REASONS, A BCHS FOUNDATION REPRESENTATIVE WILL CONTACT YOU DIRECTLY TO RECEIVE YOUR CREDIT CARD INFORMATION FOR PROCESSING. WE WILL NOT RECEIVE OR TRANSMIT CREDIT CARD INFORMATION VIA EMAIL.

Please leave a phone number below where the card holder can be reached:

Personal Information

Name _____

Department _____

Address _____

City _____ Postal Code _____

Phone _____

Email Address _____

Charitable Registration # 11921 7065RR0001

The Brant Community Healthcare System Foundation 200 Terrace Hill St. Brantford ON, N3R 1G9 519-751-5510