

# Thank You!

Your purchase of a commemorative leaf supports the BCHS Foundation's ongoing commitment to raising critical funds for the top priority needs of the Brantford General and the Willett, Paris.

Your support helps purchase medical equipment that is not paid for by the Ministry of Health, invests in new and innovative technology, and provides essential resources to maintain an exceptional level of patient care.



**Investing together  
to re-imagine healthcare**

**Brant Community Healthcare  
System Foundation**  
200 Terrace Hill St  
Brantford, ON N3R 1G9

☎ 519-751-5510

✉ [foundation@bchsys.org](mailto:foundation@bchsys.org)



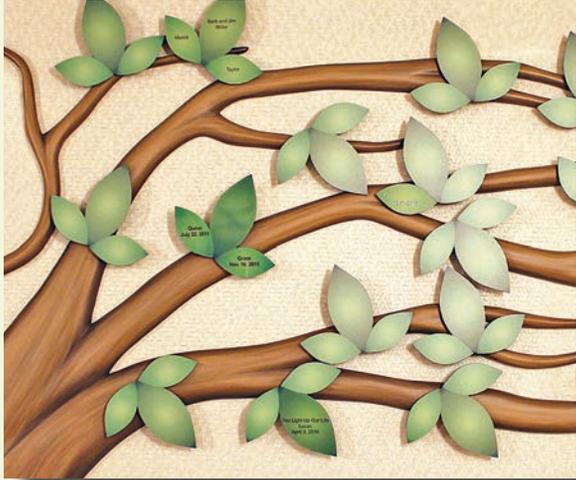
[bchsysfoundation.org/  
leaves-of-love](http://bchsysfoundation.org/leaves-of-love)

Charitable Registration 119217065RR0001  
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For more information please visit  
[bchsysfoundation.org/privacy-and-ethics](http://bchsysfoundation.org/privacy-and-ethics)

# Leaves of Love



## Celebrate a New Arrival



The birth of a child is a special moment that we're proud to have shared with you. **Leaves of Love** is a wonderful way to celebrate your new arrival.

**Leaves of Love** can also commemorate other special occasions such as birthdays, christenings, or graduations.

Your personalized, engraved leaf will be placed on the beautiful tree on our **Leaves of Love Recognition Wall**, located at the Family Birthing Centre at the Brantford General.

## Small Leaf \$125



**Includes:**  
Name (up to 16 characters) & date  
**Dimensions:**  
5.19" x 2.54"

## Large Leaf \$250



**Includes:** Message (up to 20 characters), Name (up to 20 characters) & date  
**Dimensions:** 7.04" x 3.72"

## Leaf Cluster \$450



**Includes:**  
One large leaf & two small leaves (as listed above)

Charitable donation receipt will be issued for full purchase price.

**YES**, I would like to participate in the Leaves of Love Recognition Program through the purchase of:

- Small Leaf - \$125**  **Large Leaf - \$250**  
 **Leaf Cluster - \$450**

**My preferred engraving:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Donor Information:

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

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_

Postal: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Please send me BCHS Foundation emails

I'd like to make an additional donation of \$ \_\_\_\_\_

### Payment Information

Cash  Cheque (payable to BCHS Foundation)

Visa  Mastercard  American Express

Name on Card \_\_\_\_\_

Card Number \_\_\_\_\_

Expiry \_\_\_\_ / \_\_\_\_ Signature \_\_\_\_\_

**Please return order form with payment to the BCHS Foundation office, located at the Brantford General A Wing, Level 1**

