

Thank You!

Your purchase of a commemorative butterfly 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.

Brant Community Healthcare System Foundation



Brant Community Healthcare System Foundation



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



bchsysfoundation.org/wings-of-remembrance

Charitable Registration 119217065RR0001

We respect your privacy.

For more information please visit

bchsysfoundation.org/privacy-and-ethics

Wings of Remembrance

Brant Community Healthcare System Foundation



Remember Someone Special



Wings of Remembrance offers the opportunity to remember those close to your heart.

Your personalized, engraved butterfly will be incorporated into the beautiful hand-painted mural on our Wings of Remembrance Tribute Wall, located at Palliative Care at the Brantford General.



Small Butterfly \$125



John Smith
1935 - 2024

Includes:

Name (up to 16 characters) & date

Dimensions:

4.5" x 3.25"

Large Butterfly \$250



In Loving Memory
Jane Smith
1936-2022

Includes:

Message (up to 20 characters),
Name (up to 20 characters) & date

Dimensions:

5.75" x 4"

Charitable donation receipt will be issued for full purchase price.

YES, I would like to participate in the Wings of Remembrance Tribute Wall by purchasing a:

- Small Butterfly - \$125**
 Large Butterfly - \$250

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

