

WHO ARE WE?

The Foundation of Hope for Children's Hospitals is a non-profit organisation founded in 1998. Our commitment is to meet and support the unique needs of children through raising funds for children's hospitals across Canada.

The purpose and objective of the foundation is to raise funds locally and nationally to buy specialised equipment for sick children. This equipment will assist the hospital in the children's

- care
- treatment
- education, and
- rehabilitation.

Our philosophy is to raise money on a volunteer basis only. The foundation does not employ anyone; nor are any directors, officers or members paid for their time.



MEMBERSHIP INFORMATION

Mr. Mrs. Ms.

Last Name First Name Middle Init.

Street Address Apt. #

City Prov. Postal Code

**I BELIEVE IN THE WORK OF
THE FOUNDATION OF HOPE FOR
CHILDREN'S HOSPITALS AND
WISH TO BECOME A SUPPORTING
MEMBER.**

I understand that becoming a member of **The Foundation of Hope for Children's Hospitals** is free of charge. However, I would as well like to make a financial contribution in the amount of:

\$ _____

Signature

Date

FUND DISBURSMENT

Please disburse my donation to the following Canadian children's hospital(s):

- \$_____ Sunny Hill Health Centre for Children (Vancouver, BC)
**"I Can Talk, Too" Program
Talking Computers**
- \$_____ Alberta Children's Hospital (Calgary, AB)
- \$_____ Children's Health Foundation (Edmonton, AB)
- \$_____ Royal University Hospital (Saskatoon, SK)
- \$_____ Children's Hospital of the Health Science Centre (Winnipeg, MB)
- \$_____ Children's Hospital of Western Ontario (London, ON)
- \$_____ The Hospital for Sick Children (Toronto, ON)
Aphoresis Machine
- \$_____ Children's Hospital of Eastern Ontario (Ottawa, ON)
- \$_____ Montreal Children's Hospital (Montreal, QC)
Retinal Vitrector Machine
- \$_____ IWK Grace Health Care Centre (Halifax, NS)
- \$_____ Janeway Children's Hospital (St. John's NF)
Neonatal Volume Ventilator
- or Please disburse my donation at your discretion

Total \$ _____

Enclosed is my donation in the form of:

- Cheque Master Card
 Money Order American Express
 Visa

Credit Card #: _____

Expiry Date: _____

Name: _____

Telephone #: _____

Signature: _____

Cheques and money orders are payable
to: *The Foundation of Hope for Children's
Hospitals*. Our mailing address is:

P.O Box 73575
1014 Robson Street
Vancouver, BC V6E 4L9
Telephone: 604-608-3382
Donation Fax Line: 604-488-0511

Please send my tax receipt to the
following address (receipts are issued
for donations of \$10 and over):

Name: _____

Dated: _____

Registration No. 87060 1432 RR0001



MEMBERSHIP / DONATION FORM

P.O. Box 73575, 1014 Robson St.
Vancouver, BC V6E 4L9 Tel/Fax: 604-608-3382
Donation Fax Line: 604-488-0511
www.foundation-of-hope.org info@foundation-of-hope.org