



Shaping the future of health care in your community.

We'd like to get to know you better. Your answers below will be held in the strictest confidence and will be used to help provide you with the most relevant information.

Thank you for your time!

What is your motivation for supporting the Stevenson Memorial Hospital?

- Myself or a loved one has benefited from their care
- I believe in supporting my hospital and my community
- Other

Please tell us why?

What are you most interested in hearing from us about? (please check all the apply)

- Acute care services
- SMH's 19 Outpatient Clinics (Diabetes, Ophthalmology, Fracture Clinic, Cardiac Rehab, etc.)
- Redevelopment news
- The hospital's most urgent needs
- Patient stories
- How your support is making a difference
- Other _____



Please let us know your preference.

- I have already included the Stevenson Memorial Hospital Foundation in my legacy giving plans.
- Please send me information about making a gift in my Will to the Stevenson Memorial Hospital Foundation.
- I am not interested in making a gift in my Will to the Stevenson Memorial Hospital Foundation.

Thank you for taking the time to fill out this questionnaire. We greatly appreciate your input!

Occasionally we send updates to our supporters to let them know more about the incredible impact of their generous giving. Please provide your email and telephone number for our records.

Email: _____

Phone: _____

Cell: _____

Your legacy is our community's future.

By remembering the Stevenson Memorial Hospital Foundation in your estate plans, you will help create a healthier future for your family, friends and everyone in our community for years to come.



If you would like more information on how to create a meaningful legacy, we can help. Please call Tanya Wall, Executive Director, at (705) 435-6281 X 3209 or email twall@smhosp.on.ca.