## Family Begins At Stevenson

All proceeds from Stevenson Memorial Hospital's Baby Wall go directly back to patient care, supporting equipment in the Obstetrics department to ensure all babies born at Stevenson receive the care they deserve.

For a minimum donation of \$100:
□ I would like a leaf in celebration of my baby □ I would like a butterfly in memory of my baby
Baby's Name: First Last
First Last Baby's Gender:   Male  Female
Baby's Birthdate: Month Day Year
I would like to make my donation as follows:
□ Cash □ Cheque □ Visa □ Mastercard □ American Express
Card Number Expiry Date CVV
Signature
Address for Receipt:
First Name Last Name
Street Apt. No
City Postal Code
Telephone Number Email
□ I consent to receive emails from the Stevenson Memorial Hospital Foundation.
Address for Certificate (if different from above):
First Name Last Name
Street Apt. No
City Postal Code
Telephone Number Email
Choose Leaf/Butterfly Colour:
□ Green □ Pink □ Blue □ Orange □ White

You will receive a donation receipt, minus the cost of the plaque, for income tax purposes.

Please return your completed form by mail or call:

Phone:

(705)-435-6281 ext. 2350

Mailing Address: 200 Fletcher Crescent PO Box 4000 Alliston, Ontario L9R 1W7



I understand that in donating to the program, a special leaf or butterfly with the name and birthdate of my baby will be displayed on the Wall at Stevenson Memorial Hospital. I also understand that a certificate will be mailed to me and a photo of my baby's leaf or butterfly will be emailed to me once it is on the wall.