

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 **Celebration Leaf**

I would like an **In Memoriam Butterfly**

Baby's Name: _____
First Last

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 (mailed certificates are only available if an email address is not provided):

First Name Last Name

Street Apt. No

City Postal Code

Telephone Number Email

Choose Leaf/Butterfly Colour:

Green Pink Blue Orange White

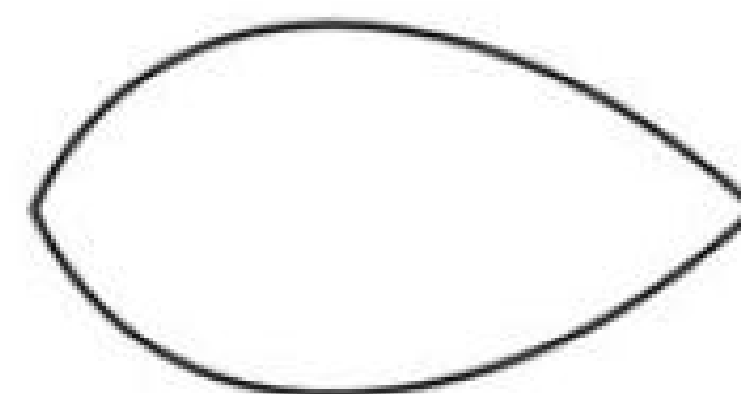
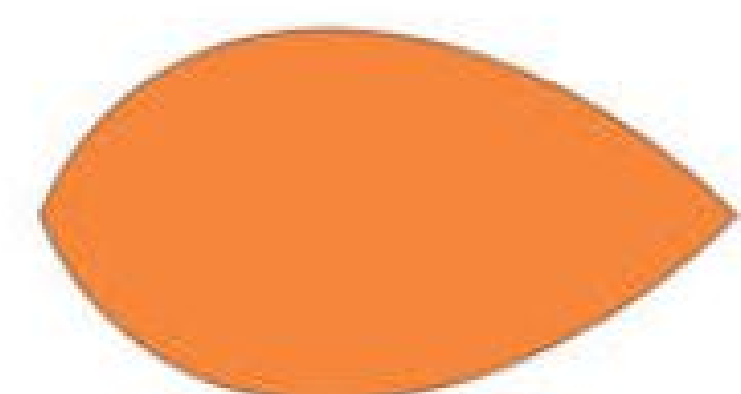
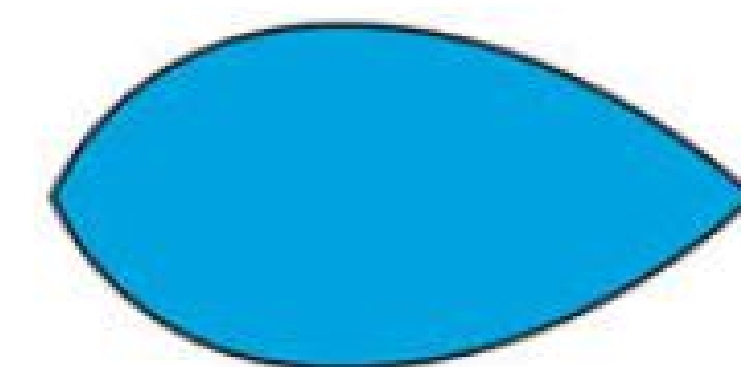
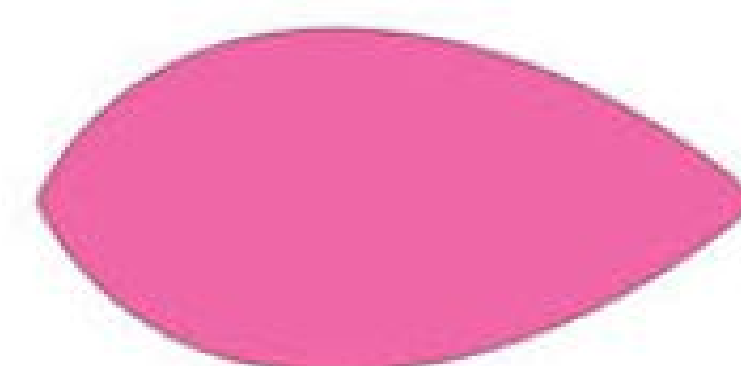
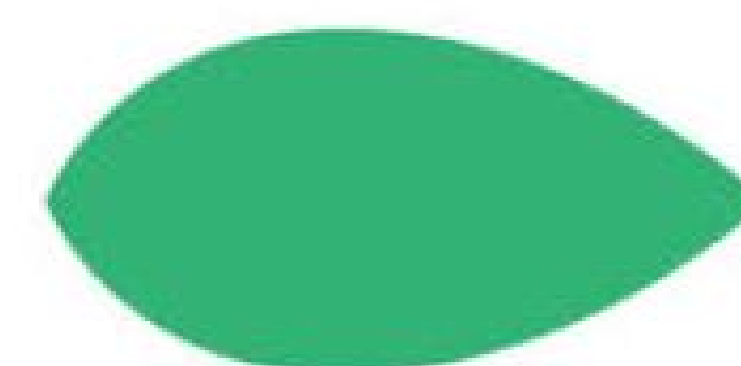
You will receive a donation receipt, minus the cost of the plaque, for income tax purposes.

Please return your completed form to:

Phone:
 (705)-435-6281 ext. 2350

Email:
 foundation@smhosp.on.ca

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.