

## Recognize your Healthcare Hero

Heroes will be recognized individually or as a unit. All recipients receive acknowledgement of your gratitude, as well as a special lapel pin to wear proudly throughout the Hospital.

### Name of the person(s) I wish to recognize

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### Department/Unit

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### Reason for recognition

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### Type of gift

- One-time gift       Monthly gift       Annual gift

### Donation amount

- \$50       \$100       \$500       Other \$ \_\_\_\_\_

### Please direct my gift to

- My hero's department/unit       Current campaign/area of greatest need       Other \_\_\_\_\_

### Donor Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Payment Information:

- Cheque payable to LGH Foundation
- Credit Card      Card #: \_\_\_\_\_      Expiry: \_\_\_\_\_

Signature: \_\_\_\_\_

- I wish for my gift to remain anonymous
- I wish to keep my name and reasons for honouring my hero(s) confidential
- I do not wish to be contacted in the future

To honour your *Healthcare Hero*, please send or fax completed form to:

**Lions Gate Hospital Foundation, 231 East 15th Street, North Vancouver, BC V7L 2L7**  
**Fax 604.984.5786**

**Need more information?** Call 604.984.5785 or go to [www.lghfoundation.com](http://www.lghfoundation.com)