

Tree of Life



1000001903-M1E4B9-BR01


ROUGE VALLEY HEALTH SYSTEM FDN
2867 ELLESMERE RD
TORONTO ON M1E 9Z9



CANADA	POSTES
POST	CANADA
Postage paid if mailed in Canada	Port payé si posté au Canada
Business Reply Mail	Correspondance- réponse d'affaires
0001868993	01



The Tree of Life symbolizes the life and growth of *your* family

Parents, grandparents, family, and friends can celebrate the arrival of your little miracle by adding a new leaf to Rouge Valley Centenary hospital's "Tree of Life" that represents **our** community family. You can also mark a birthday, or remember a loved one, by simply making a charitable donation to Rouge Valley Health System Foundation and adding their name to the branches.

For over a decade Rouge Valley Health System has been delivering great health care for the communities of Scarborough, Pickering, Ajax, and Whitby. Part of the east Toronto landscape since 1967, Rouge Valley Centenary hospital has grown with the Scarborough community, and in 2009, added the new Birthing and Newborn Centre. Today, we welcome approximately 3,000 babies per year.

Your donation will help purchase new equipment for the Women's & Children's Program so that generations of families will always receive the best care.



Rouge Valley Centenary
2867 Ellesmere Road
Toronto, ON M1E 4B9
(416) 281-7342

www.rougevalley.ca/rvhsf
foundation@rougevalley.ca

I/We wish to add a plaque to the "Tree of Life" in honour of:

Name _____

Your relationship to honouree:

Name _____

- Mother/Father Grandparent
- Son/Daughter Grandson/Granddaughter
- Aunt/Uncle Friend
- Niece/Nephew Other: _____

Wording for "Tree of Life" plaque

Line 1 - Maximum of 15 characters

Line 2 - Maximum of 15 characters

Line 3 - Maximum of 15 characters

Donor's name and address for tax receipt:

Name _____

Address _____

City _____ Province _____ Postal Code _____

Phone _____

E-mail address _____

Date: _____

Amount of Gift \$: _____
Minimum donation of \$150.00

Cheque enclosed, made out to:
Rouge Valley Health System Foundation

or please charge my Visa Mastercard American Express

Credit Card #

_____-____-____-____

Expiry Date

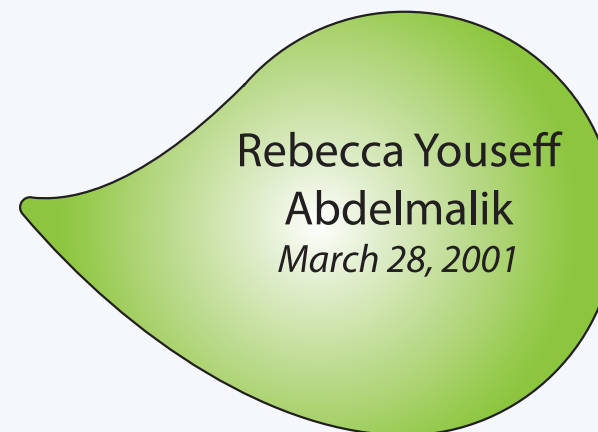
Name as it appears on card

Cardholder's Signature _____

*Receipts for Income Tax purposes will be issued for all donations.
Charitable Registration Number 123797474 RR0001*

Sample Leaf

Actual size: 3.7" wide x 2.6" high



** Please detach, seal and mail

Moisten and seal