MARKHAM STOUFFVILLE HOSPITAL EXPANSION CAMPAIGN
We're growing. Together.

MARKHAM STOUFFVILLE HOSPITAL'S NEW BABY WALL

Create a lasting legacy for your child with a tax receiptable donation of $200 or more!

Donate online at
www.msh.on.ca/foundations/babywall
Call 905.472.7373 ext. 6341
Email mshfoundation@msh.on.ca

BLOCK	BLOCK SIZE	LISTINGS	MINIMUM DONATION
A	36" x 36"	**BABY NAME** *(Shared Listings - approx. 80 listings per block)*	$200
B	17" x 17"	**BABY NAME** *(Shared Listings - approx. 40 listings per block)*	$1,000

FEATURE YOUR BABY WITH AN *Exclusive* **PHOTO LISTING!**

C	4" x 4"	**BABY BLOCK** *Exclusive* *Entire block devoted to your baby/family*	$2,500
D	8" x 8"	**BABY BLOCK** *Exclusive* *Entire block devoted to your baby/family (with photo)*	$5,000
E	17" x 17"	**BABY BLOCK** *Exclusive* *Entire block devoted to your baby/family (with photo)*	$10,000

DONOR CONTACT INFORMATION:

NAME:

ADDRESS:

CITY: PROVINCE: POSTAL CODE:

PHONE: EMAIL:

I AM A: ☐ PARENT ☐ GRANDPARENT ☐ RELATIVE ☐ SPECIAL FRIEND ☐ OTHER:

PAYMENT METHOD:

☐ CHEQUE ENCLOSED ☐ CREDIT CARD: ☐ VISA ☐ MASTERCARD ☐ AMEX

CARD NUMBER: EXPIRY DATE:

SIGNATURE:

DONATION AMOUNT: $

BABY NAME INFORMATION:
*For every additional $100 donation, you can add another name to the Baby Wall.

BABY NAME AS YOU WISH IT TO APPEAR ON WALL

BABY NAME AS YOU WISH IT TO APPEAR ON WALL

PLEASE SEND ACKNOWLEDGEMENT TO:

NAME:

ADDRESS:

CITY: PROVINCE:

POSTAL CODE: PHONE:

Your baby will receive a certificate acknowledging your gift and a teddy bear keepsake to remind them of their legacy at Markham Stouffville Hospital.