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Special Thanks!

Recognize the outstanding care that you or your loved one received.

Name the nurse, therapist, caregiver – or anyone else who has had an impact on your life:

Name: _____

Please tell us how the above individual(s) made a difference for you or your loved one:

90 Allstate Parkway, Suite 300
Markham, ON L3R 6H3
905.968.6516 • 1.800.463.1763
foundation@saintelizabeth.com

Charitable Registration No. 88472-6753-RR0001

Thank you!

Please contact us if you have questions regarding the Grateful Patient Program or other Saint Elizabeth Foundation Programs:

Memorial Gifts

A meaningful way to remember your family member and friend's life is through a memorial gift. Such gifts represent a heartfelt way to honour the memory of your loved one, while keeping their memory alive for all.

Tribute & Special Occasion Gifts

Donations made in honour of loved ones at special times like birthdays, anniversaries, Mother's and Father's Day can be a special reminder to a family members and friends of how much you care.

Leaving a Gift in Your Will

With little or no impact on your lifestyle today, a donation in your Will is one of the most powerful ways you can be sure Saint Elizabeth will continue helping people for years to come.



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A Gift From the Heart

Grateful Patient Program

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Home is where the heart is....

No one feels more comfortable than when they are at home – especially when there are health concerns. And research has shown that people recover faster when they are in their own home, with a houseful of furniture, photos and memories surrounding them.



For more than 100 years, Saint Elizabeth has been helping people to maintain their independence and their dignity, while receiving the best possible health care and personal support services available.

The Saint Elizabeth Foundation was established to ensure the highest quality home care is being delivered to Canadians.

Thanks to the generosity of people like you, the Saint Elizabeth Foundation has funded critical programs that not only advance the types of home care services we provide, but also ensure that people can remain in their home as long as possible.

A meaningful way to say “Thanks!”

Patients that receive exceptional care often ask if there is anything they can do to thank their caregiver – something that is extra special. If you are a Grateful Patient, or a family member of one, then you know someone who would greatly appreciate recognition from you.

Making a donation through *A Gift From the Heart* grateful patient program is the perfect way to thank a Saint Elizabeth staff member who went the extra mile to care for you or a loved one, demonstrated outstanding compassion, or provided extraordinary treatment.

Your special gift will touch the life of someone who has cared for you, and make sure that same quality care is available to other people.



lapel pin

Will the person I’m recognizing be made aware of my gift?

Yes! When you make a minimum donation of \$50 through *A Gift From the Heart* grateful patient program, we will send your chosen staff member a card notifying them that you have made a donation to Saint Elizabeth in their honour, as well as a special lapel pin that she/he can wear proudly as recognition of your generosity. (The amount of your gift will not be disclosed.)

Who should I honour with my gift?

You can choose to honour any staff member who made a difference in your care – a nurse, a personal care worker, a therapist or any other member of the Saint Elizabeth team.

How many staff members can I recognize and send a pin?

You may recognize as many staff members as you like, however, each donation and thank you message must be made separately in order for each staff member to receive their lapel pin.

A Gift From the Heart grateful patient program

Please consider a Gift

The *A Gift From the Heart* grateful patient program is a meaningful way for patients and their families to say thank you to the professional staff who are the heart of Saint Elizabeth – *impacting lives every day of the year.*

Name: _____

Address: _____

City: _____

Province: _____ Postal Code: _____

Phone: _____

Email: _____

YES! I would like to make a donation in support of the Grateful Patient Program:

☐ \$50 ☐ \$100

☐ \$250 ☐ \$500

☐ \$1,000 ☐ \$ _____

☐ Cheque included (payable to Saint Elizabeth Foundation) OR

☐ Visa

☐ MasterCard

Name on card: _____

Expiry date: _____ / _____

Signature: _____

Date signed: _____



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