In Memory

Saint Elizabeth
FOUNDATION

At Saint Elizabeth we strive to honour the human face of health care by empowering people to be knowledgeable about their health and participate actively in their care. Saint Elizabeth brings nursing, rehabilitation, supportive care services and education to individuals in the settings that give them the most comfort and strength. We help them live more active and productive lives, manage chronic disease, recover from acute illness and pass away with dignity and comfort.

When people need support to deliver home health care, relief from their caregiving duties, additional care because they have exhausted government-sponsored services, or greater access to community support systems, the Saint Elizabeth Foundation works to fill the gaps. Your support of the Foundation, in memory of a friend or loved one, will help to ensure that families and individuals are able to access the right care, in the right environment.

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FOUNDATION

Amount of Donation $ _____

☐ Cheque enclosed *(payable to: Saint Elizabeth Foundation)*

☐ Credit Card *(see below)*

From (Donor Name) _____

Address _____

City _____ Province _____ Postal Code _____

Email _____ Phone _____

In Memory of _____

Next of Kin _____ *(A acknowledgement card will be sent)*

Address _____

Please forward this card with your cheque or credit card information to the Saint Elizabeth Foundation in the postage-paid envelope provided. An income tax receipt will be issued. Charitable #88472-6753-RR0001.

Saint Elizabeth Foundation
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☐ VISA ☐ MASTERCARD ☐ AMEX

Card # _____

Expiry Date _____ / _____

Signature _____