



Philip Harris Grateful Patient Program



It may have been a life-saving procedure, the kindness of a volunteer or the healing words of a team member...

Now you can express your gratitude in a very personal way

Patient's at Abbotsford Regional Hospital express their gratitude for an exceptional level of compassion in a variety of ways – through a smile, letters of thanks and financial contributions. The Grateful Patient Program provides an opportunity to say “thank you” to the doctors, nurses, volunteers and other team members who have made a difference to you or a loved one.

When patients or family members give to the Fraser Valley Health Care Foundation through the **Philip Harris Grateful Patient Program**, you help us ensure the highest level of care for our patients. Your contribution, in any amount, can make a significant difference. Gifts of all sizes make a huge impact at Abbotsford Regional Hospital.

Gifts from grateful patients and families can:

- ♥ Purchase new equipment and update technology
- ♥ Support patient programs
- ♥ Fund comfort items designed to make Hospital stays more comfortable
- ♥ Provide an act of kindness, purchase cookies or coffee for a Department

DONATE TODAY 1 877 661 0314 | www.fvhcf.ca | info@fvhcf.ca

PHILIP HARRIS GRATEFUL PATIENT PROGRAM

Saying “thank you” has never been easier!

We encourage you to include some kind words about your experience at Abbotsford Regional Hospital. Upon receipt of your grateful patient gift, we will send a card to the person (s) and/or department (s) you wish to honour.

If you don't know who provided the care, we are able to forward your written thanks to those individuals/departments. You will receive an official receipt for income tax purposes.

Please tick the box on the donation form to give the Fraser Valley Health Care Foundation permission to share your appreciation publicly.



Name _____

Address _____

City _____ Postal Code _____ Phone _____

Email _____

Please accept my gift of \$25 \$50 \$100 Other _____ Cheque Cash Credit Card

Please make cheque payable to *Fraser Valley Health Care Foundation*

Card # _____ Expiry Date _____

Signature _____ Yes, please share my story

**Tax receipts will be issued for donations \$25.00 and over*

Donate Today:

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