



*Say I Care when you say I do
Wedding Program*

Wedding program options (please select all that apply)

- Good Will Favours: in lieu of traditional wedding favours, choose to make a donation in honour of each of your guests.
- Kisses for Care: ask guests to make a donation to the Health Care Foundation in exchange for a “just married” kiss.
- Share the Love: guests can make a donation in support of the Health Care Foundation as their shower or wedding gift to you.

Donors Information:

Name: _____

Address: _____

City: _____ Postal Code: _____

Phone Number: _____

Email: _____

Please choose the fund you wish to support:

- | | | |
|--|--|---|
| <input type="checkbox"/> Health & Vitality | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Telemental Health |
| <input type="checkbox"/> Ambulatory Treatment Unit | <input type="checkbox"/> Neurology Department | <input type="checkbox"/> Urology |
| <input type="checkbox"/> Air Ambulance | <input type="checkbox"/> Nursing Education | <input type="checkbox"/> Women’s Health |
| <input type="checkbox"/> Burn Unit | <input type="checkbox"/> Oncology | <input type="checkbox"/> General Hospital |
| <input type="checkbox"/> Cardiac Care | <input type="checkbox"/> Ophthalmology | <input type="checkbox"/> St. Clare’s Hospital |
| <input type="checkbox"/> Comfort In Care | <input type="checkbox"/> Orthopedic | <input type="checkbox"/> Waterford Hospital |
| <input type="checkbox"/> Dialysis Unit | <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Dr. Leonard A. Miller Centre |
| <input type="checkbox"/> DVA-Veterans Pavilion | <input type="checkbox"/> Organ Donation Program | <input type="checkbox"/> Dr. Walter Templeman Centre |
| <input type="checkbox"/> Diagnostic Imaging Fund | <input type="checkbox"/> Palliative Care Unit | |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Patient Services & Care | |
| <input type="checkbox"/> Emergency Department | <input type="checkbox"/> Physiotherapy | |
| <input type="checkbox"/> ENT | <input type="checkbox"/> Preventative Healthcare Initiatives | |
| <input type="checkbox"/> Hematology- Education | <input type="checkbox"/> Rehabilitation & Continuing Care | |
| <input type="checkbox"/> Heart Failure Education | <input type="checkbox"/> Registered Nurses Scholarship | |
| <input type="checkbox"/> Intensive Care Unit | <input type="checkbox"/> Stem Cell Transplant Patient Support Fund | |
| <input type="checkbox"/> Integrated Operating Suites | | |

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Wedding Information:

Couple's Names: _____

Wedding Date: _____

Number of Tables at Reception (used for Kisses for Care): _____

Number of Guests (used for Good Will Favours): _____

Signature of Bride/Groom: _____
(please sign if you chose Good Will Favours or Kisses for Care)

Date: _____

Thank you for including the Health Care Foundation as part of your special day. Once your card has been designed, a proof will be emailed to you for your approval prior to printing. The place cards will be provided to you at no cost. In turn, all that is required is a submission of your donation to the Health Care Foundation within three weeks after the wedding.

Donation Information:

Donation Amount: \$ _____

Credit Card Cheque (payable to Health Care Foundation) Cash

Card Type: _____ Expiry Date: _____

Card Number: _____

Signature: _____

*please return to the Health Care Foundation at least 6 weeks before wedding date to allow sufficient time for printing of materials.