

Please take a moment to share your Grace Hospital story with us.

[illegible]

- ☐ I have attached my story on a separate page
- ☐ I give Grace Hospital Foundation permission to share my story

To make a donation, fill out the form on the reverse and deliver to:

**Grace Hospital Foundation**  
**300 Booth Drive, Winnipeg, MB R3J 3M7**



GRACE HOSPITAL  
FOUNDATION

Established in 1990, Grace Hospital Foundation is a not-for-profit organization dedicated to enhancing patient care at Grace Hospital through the funding of vital equipment and programs.

In the past 25 years, we have raised more than \$25 million. It is our community of donors and their outstanding continual support that helps make life better for our patients.

Grace Hospital is an acute care facility that has been supporting the health care needs of Manitobans for over 100 years.

In 2017, Grace Hospital was designated as one of three acute care hospitals in Winnipeg. The 250+ bed facility is the cornerstone of the Grace Health Campus, which encapsulates Grace Hospital, Grace Hospice and Access Winnipeg West.

The Grace provides a full spectrum of health care services including 24-hour emergency care, intensive care, surgery, medicine and more.

*Donate and share your story online at  
www.gracehospitalfoundation.ca or  
by phone at 204-837-0375*

# THANK YOU?

## Grateful Patient Program



*Dr. Ramin Hamedani with  
Bill and Wesley Matthews*



GRACE HOSPITAL  
FOUNDATION

# THANK A CAREGIVER

The Grateful Patient Program provides patients and their families with an opportunity to show gratitude to those who played a special role in the care they received while at Grace Hospital.

Gifts received through this program will not only recognize the special caregiver, but also help to support patient-related enhancements such as equipment, research, and special programs that would not otherwise be funded by the government.

Whether you choose to recognize a **particular staff member, program or department** that impacted your health, your donation is a meaningful opportunity to say thank you.

Upon receipt of your gift, a card and a lapel pin will be given to the caregiver you wish to honour.

*\*The amount of your gift will not be disclosed*

Donations to Grace Hospital Foundation will have a lasting impact on patient care now and in the future. Please fill out the attached form and mail in your donation, or visit [gracehospitalfoundation.ca](http://gracehospitalfoundation.ca) to make a donation online.

*"At Grace Hospital, we see the person first and understand that each person's health care needs are unique and special. We provide all care with hope, healing and compassion."*

*- Kellie O'Rourke, COO Grace Hospital*

*"My Dad received wonderful care from all the care providers. Doctors, nurses, health care aides, PT, OT and SW's were all lovely."*

*- Grace Hospital Patient*

*"Some of the best people in the world work here; always had time for me"*

*- Grace Hospital Patient*

*"Kind, attentive staff; received good teaching; excellent focus on safety"*

*- Grace Hospital Patient*

*"The window from my bed was cleaned cheerfully by the housekeeper so I could see the birds outside"*

*- Grace Hospital Patient*

Date: \_\_\_\_\_

Yes, I would like to make a donation of

☐ \$25 ☐ \$50 ☐ \$100 ☐ \$250 ☐ Other \$ \_\_\_\_\_

I am interested in joining the monthly giving program

☐ \$10 ☐ \$15 ☐ \$25 ☐ Other \$ \_\_\_\_\_

Payment Method

☐ Cash ☐ Cheque ☐ Visa ☐ Mastercard ☐ Amex

Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Signature: \_\_\_\_\_

My Grace Hospital special caregiver is:

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Date of stay: \_\_\_\_\_

Please include the following message in an acknowledgment card (please print): \_\_\_\_\_

My personal information for tax receipt purposes:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

☐ I wish to keep my support anonymous

*\*The Grace Hospital Foundation is committed to protecting your privacy. In accordance with the Personal Health Information Act, we retain only information regarding your gift history. We do not sell, trade, or in any way distribute donor information.*

Charitable Registration #12213 6831 RR0001

Josefina Salud, RN 2South & patient Marlene Kaatz

