



say thank you to your

Guardian Angel

The **Guardian Angel** Program offers grateful patients and their families a meaningful way to show their appreciation to a physician, nurse, staff member, or volunteer who made a difference during their Hospital visit.

Upon receipt of your donation, your **Guardian Angel** will be recognized with a personalized card and angel lapel pin to proudly wear throughout the Hospital.

Your **Guardian Angel** will also be added to our Honour Roll of Angels.

To recognize your **Guardian Angel** today, please complete the reverse side of this form.

Pembroke Regional Hospital Foundation



Fondation de l'Hôpital Régional de Pembroke



Guardian Angel

Name of **Guardian Angel**: _____

Title and Department: _____

Please share my message with my **Guardian Angel** (feel free to attach additional sheets):

I give the **Pembroke Regional Hospital Foundation** permission to publish my name and message in marketing related material including the Foundation's website and written correspondence.

(signature)

PERSONAL INFORMATION:

Name: _____

Address: _____

City: _____ Province: _____

Postal Code: _____ Phone #: _____

Email: _____

PAYMENT INFORMATION:

Donation Amount: \$ _____

Method of Payment:

Cash Debit (in office only)

Cheque (payable to *Pembroke Regional Hospital Foundation*)

Credit Card Visa Mastercard American Express

Card #: _____

Exp: ____/____/_____
(signature)

Please return completed form and donation to
Pembroke Regional Hospital Foundation
705 Mackay Street, Pembroke, ON, K8A 1G8

Email: foundation@prh.email

Website: prhfoundation.com

Phone #: 613.732.2811 x7408

Fax #: 613.732.6360

