

Leave a **LEGACY**

Recognition Donor Opportunities at the Pembroke Regional Hospital

In celebration of the PRH Foundation's 23 year history, we are excited to offer this new opportunity for individuals and families to leave a lasting legacy by naming a building or area at the Pembroke Regional Hospital.

Naming opportunities within the hospital are based on giving levels, starting at \$500,000. Individuals or groups that wish to make a transformational legacy gift, in their honour or someone special in their life, will continue to make a difference.

In recognition of donor generosity, certain areas will be named with a wall plaque (various sizes). Buildings can be named to honour a Legacy gift as an individual or family.



Years of Community Helping Community



The year 2022 marked the 20th anniversary of the Pembroke Regional Hospital Foundation and since its inception the foundation has supported programs and services integral to the advancement of health care and the total well-being of

the citizens of Pembroke and the surrounding communities by the raising, managing, and distributing of funds to the Pembroke Regional Hospital. The Foundation's goal is to continue to raise funds to acquire the technology and equipment not covered by government funding. We achieve our goals by way of contributions from our generous community.

“Without community fundraising, our hospital would not have the financial means to purchase state-of-the-art equipment and make necessary upgrades to our infrastructure. The financial contributions made to PRH over the years are priceless in terms of the value added to the delivery of local healthcare.”

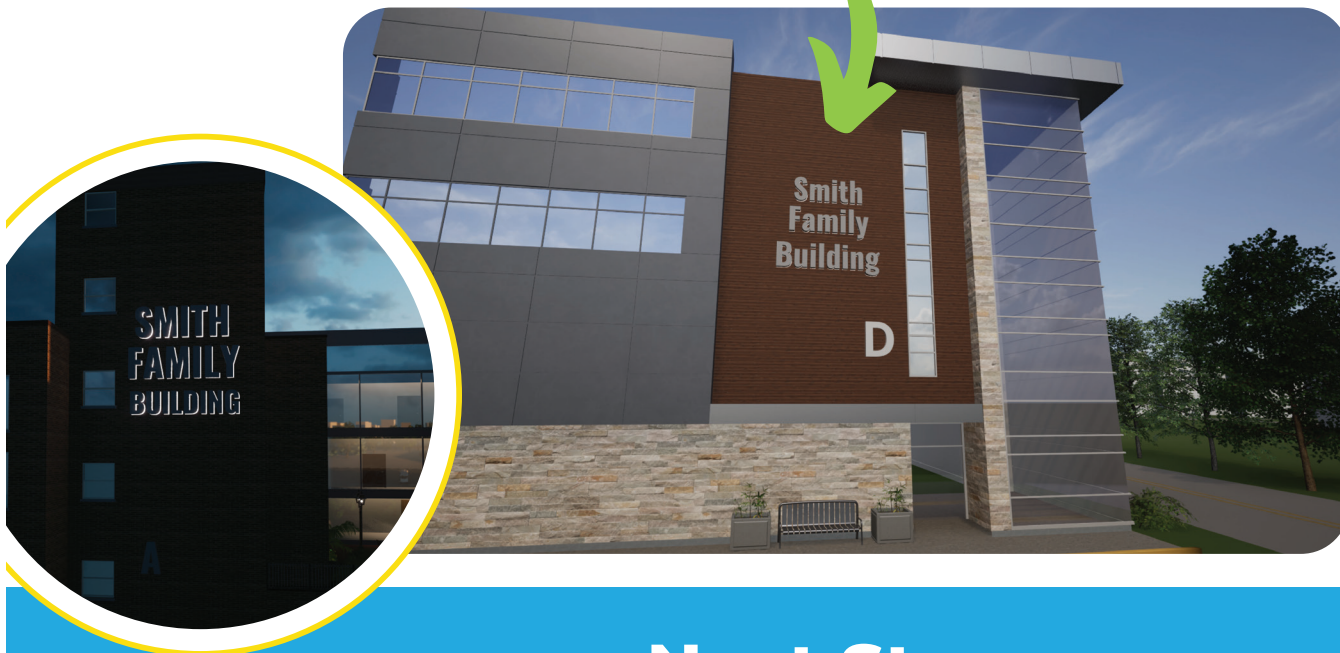
– Sabine Mersmann,
PRH President and CEO



Leave a **LEGACY**

Gift Value \$1,000,000

- 4 opportunities available
- 20 year term
- Building D includes 2 sides
- Custom signage affixed to the exterior of the building, displaying your family name



Next Steps

Gifts to the Pembroke Regional Hospital Foundation can be made in the form of **3-5 year pledge, one time donation or donation of stocks.**

Naming opportunities can be purchased by selecting your preferred option.

For more information on naming opportunities at the Pembroke Regional Hospital, please contact:



Roger Martin, Executive Director
613-732-2811 ext 6223
roger.martin@prh.email



A Building



B Building



C Building



D Building

Includes 2 Sides



LEGACY Opportunities

REGENT Department Naming



\$1,000,000

- Emergency Department
- (I.C.U.) Intensive Care Unit
- Diagnostic Imaging
- Acute Mental Health (AMH)



CORNERSTONE Signage

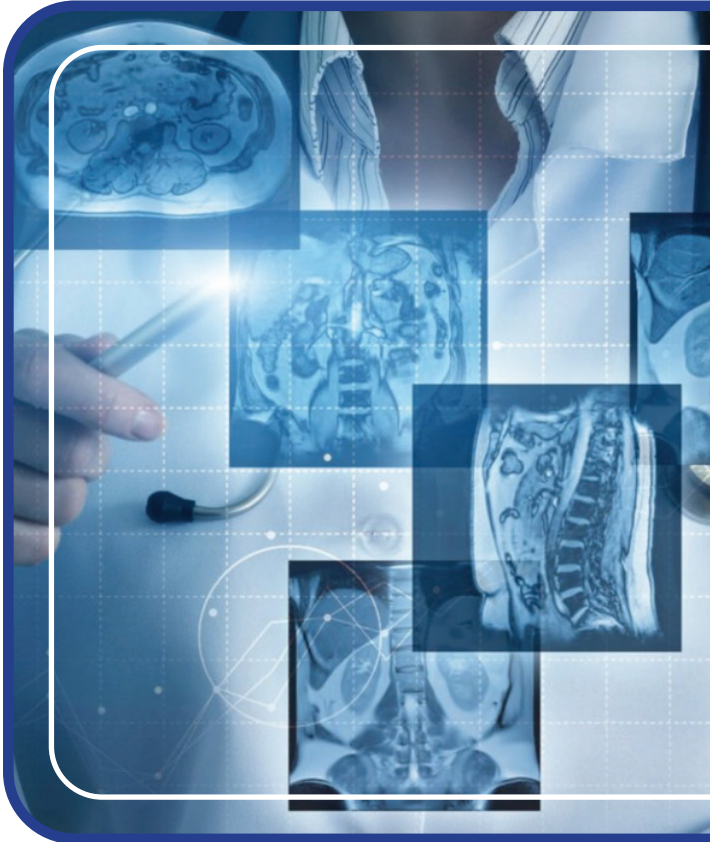


\$500,000

- Surgical Common Area
- Surgical Common Area
- Rehab Hallway Wall
- LDRP Common Area
- LDRP Common Area



LEGACY Opportunities



CORNERSTONE Recognition Acknowledgement



\$500,000

- CT Scan Suite
- D.I. Scan Suite



KEYSTONE Recognition Acknowledgement Plaque



\$250,000

- CT Waiting Area
- D.I. Waiting Area
- Surgical Waiting Area
- Zone B Waiting Area

LEGACY Opportunities

FOUNDER Recognition Acknowledgement Plaque



\$200,000

- Bone Density Suite
- Nuclear Medicine Suite
- Echo Suite
- Mammography Suite
- Fluoroscopy Suite



VISIONARY Recognition Acknowledgement Plaque



\$100,000


- CT Control Room
- X-Ray Control Room



LEGACY Opportunities



HERITAGE Recognition Acknowledgement Plaque

 \$50,000-99,000

- Various Spaces



ROOM Recognition Acknowledgement Plaque

 \$50,000

- Double Bed Room



ROOM Recognition Acknowledgement Plaque

 \$25,000

- Single Bed Room

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AGREEMENT

Donor Name or Company: _____

*Contact Name: _____ Phone: _____

Cell: _____ Email: _____

Business Name: _____

**The contact person must have permission to represent the group named above.*

Yes, _____ (contact name) will make the commitment to purchase the naming opportunity in the following area(s) _____.

Please select your preferred payment method:

Pledge of \$ _____ per year to be paid over ____ (3-5) years.

Donation of stocks *(Please submit proposed schedule for stock transfer)*

Donation amount of \$ _____.

Donation from estate *(Please submit confirmation letter from solicitor)*

Combination of the above options involving **1 individual**. *(Please describe below)*

Combination of the above options involving **multiple donors**. *(Please describe below)*

This agreement is dated and signed as of the _____ day of _____, 20____, by and between _____ and the Pembroke Regional Hospital Foundation.

DONORS NAME

PRHF REPRESENTATIVE

DONORS SIGNATURE

PRHF SIGNATURE