grateful Patient Program

I am grateful to: _____
Name of the person you wish to honour

Department: _____

a card will be sent to the individual or department you are recognizing for the exemplary care they provided.

Your name: _____

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Gift Amount
Gifts are tax deductible to the fullest extent provided by law

$ _____

This is a ○ one time gift ○ monthly gift

○ Cheque enclosed payable to Trenton Memorial Hospital Foundation

○ **Credit Card** ○ Mastercard ○ VISA

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Please return your gift with this card with cheques made payable to the Trenton Memorial Hospital Foundation. All donations are tax deductible and will be receipted promptly.

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