



Niagara Health System Foundation

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L2R 5K3 Charitable Registration # 85874 2943 RR0001

Letter of Intent

This will confirm the intention of:

Name: _____

Address: _____

Tel: _____ EMail _____

To contribute a gift of \$ _____ per year over a five year period, for a total gift of \$ _____. I would like my gift to be directed toward the *It's Our Time* Campaign and entrusted to (**check one only**):

- Niagara Health System Foundation
- Douglas Memorial Hospital Foundation
- Greater Niagara General Hospital Foundation
- Port Colborne General Hospital Foundation
- Niagara-on-the-Lake Hospital Foundation
- The St. Catharines General Hospital Foundation
- Welland Hospital Foundation

The purpose of this gift will be to support the development of new regional programs and new and/or refurbished facilities of the Niagara Health System.

- Enclosed is my payment of \$ _____
- I plan to begin payments of this gift in _____
(month / year)

Please provide the name(s) and addresses for receipt and/or recognition purposes:

Please check this box if you **do not** want your name to appear in our Newsletter or in donation announcement notices in newspapers or on our Donor Wall.

Notes & Comments: Please provide any additional information that we should be aware of to ensure your expectations are met:

Signed: _____

Date: _____

Cheque(s) may be made payable as indicated below to one of the following:

- Niagara Health System Foundation - It's Our Time Campaign
- Douglas Memorial Hospital Foundation - It's Our Time Campaign
- Greater Niagara General Hospital Foundation - It's Our Time Campaign
- Niagara-on-the-Lake Hospital Foundation - It's Our Time Campaign
- Port Colborne General Hospital Foundation - It's Our Time Campaign
- St. Catharines General Hospital Foundation - It's Our Time Campaign
- Welland Hospital Foundation - It's Our Time Campaign



It's Our Time...