



WHY GIVE?

Advances in medical technologies and equipment are happening more frequently and that reduces the breathing space we have between donations. Technology we start funding for today is out of date by the time we pay for it. This will not change any time soon if ever. As Dr. Malcolm Wilson says, "if the community expects the quality of care we have to continue, we have to give as a community to ensure it happens."

WHAT IS THE FUNDING PROCESS?

A full list of priority equipment needs for the hospital is established every year in consultation with representatives from all departments, doctors, nurses and administration. The Board of Directors of Muskoka Algonquin Healthcare approves these priority capital needs lists. These are then given to Huntsville Hospital Foundation in order to facilitate the wishes of donors in concert with the priorities of the hospital.

**Give a gift that is right for you.
All gifts, of any amount, are greatly appreciated.**

An official tax receipt will be issued to you at year end

**You may change or update your donation at any time by contacting the Huntsville Hospital Foundation at 705-789-4756 or hhfoundation@mahc.ca*

EMPLOYEE GIVING

Huntsville Hospital Foundation is proud to offer an Employee Giving program to encourage employee giving throughout our Hospital.

Donations made through Employee Giving help to bridge the gap between what is provided by government funding and what is required to deliver much-needed specialized care, programs, services, equipment, and education.

Every physician, nurse and staff member at Huntsville Hospital gives so much of their time and talents every day to make a difference in the lives of our patients. No matter what your role here is, your personal dedication sends a powerful message to the community. Our dedicated and talented employees help make the hospital stronger and allow us to provide exceptional health care to our community. Choosing to donate to the Employee Giving program says that you believe so strongly in what happens at Huntsville Hospital that you are willing to support it above and beyond your everyday work by making a gift.



EMPLOYEE GIVING PROGRAM



DID YOU KNOW?

Despite what you might believe, the Government does not fully fund healthcare in Ontario. This is particularly evident at the Huntsville Hospital where over 90% of all medical equipment & technology is funded through community support of our Foundation.



MY GIFT: I want to be a **PART OF THE BIG PICTURE!**

Option 1: PAYROLL DEDUCTION:

I authorize the following deduction from my bi-weekly paycheque:

- | | | |
|--------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> \$5 x 26 pay periods = \$130 total annual gift | <input type="checkbox"/> \$15 (\$390) | <input type="checkbox"/> \$50 (\$1,300) |
| <input type="checkbox"/> \$7 (\$182) | <input type="checkbox"/> \$20 (\$520) | <input type="checkbox"/> \$100 (\$2,600) |
| <input type="checkbox"/> \$10 (\$260) | <input type="checkbox"/> \$25 (\$650) | <input type="checkbox"/> Other: _____ |

** You may change or cancel your donation at any time by contacting the Huntsville Hospital Foundation.*

Option 2: CREDIT CARD DONATION:

VISA® MasterCard®

Please charge my card the amount of \$ _____ (Processed on the 20th of each month)

Credit Card Information

Credit Card No.	Expiry
Card Holder Name	CVV

A single tax receipt for each year's total contributions will be forwarded in time for the tax season.

EMPLOYEE INFORMATION

Name (Please Print): _____

Department: _____

Extension: _____

Home Address: _____

City _____

Province _____

Home/Cell phone _____

Email _____

DESIGNATION

I would like to designate my gift to the following department: _____

If no department is specified, your gift will be designated to the Area of Greatest Need

DONOR RECOGNITION

I/we would like my/our name to appear as; _____

I/we wish to remain anonymous (our donor information is confidential)

As inspiration to others, I/we agree to allow my/our name on Foundation donor lists and walls.

*The privacy of Donors is important at the Huntsville Hospital Foundation.
We do not sell, rent or otherwise share our Donor's names.*

Thank you 