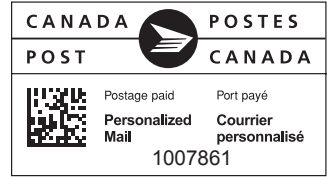





Trillium
Health Partners
Foundation



THIS HOLIDAY SEASON, MAKE
2X THE IMPACT
FOR CHILDREN WITH CANCER.



401-2085 Hurontario Street
Mississauga, ON L5A 4G1

Give by **December 31st** to **double your impact.**

After two years of receiving care at Trillium Health Partners, Kai's cancer is finally in remission and he's back at school enjoying his normal routine.

If it wasn't for Kai's team at Trillium Health Partners, our son wouldn't be here today. Everyone was incredibly dedicated, skilled, and caring. They were always looking out for our little boy and felt like part of our family. **We are beyond grateful for generous donors like you, <Name>, who ensure exceptional care is always available close to home.**

Your holiday gift of \$<Ask2> will make 2X the impact on our Hospital and all the young patients and families whose lives it impacts. **Please give today by using the enclosed reply form** or visit trilliumgiving.ca/givetoday.

From the bottom of my heart, thank you for supporting Trillium Health Partners and helping more children in our community return to their lives and families who love them. We wish you and yours a happy and healthy new year – from Kai and our entire family!

Sincerely,

Kathryn Connors

Kathryn Connors
Mother of Kai (cancer survivor and former Trillium Health Partners patient)

P.S. <Name>, don't miss your opportunity to make twice the impact. Take advantage of this limited-time match and mail your gift before December 31st.

P.P.S. Your end-of-year donation qualifies for a 2023 tax receipt!

Trillium Health Partners Foundation

T: (905) 848-7575 F: (905) 804-7927 W: trilliumgiving.ca E: foundation@thp.ca
401-2085 Hurontario Street, Mississauga, ON L5A 4G1

YES, I want to invest in my Hospital and become a Monthly Supporter!

I authorize Trillium Health Partners Foundation to debit \$ _____

on the 1st or the 15th of each month beginning _____, 20_____

From my chequing account. I have enclosed a signed, voided cheque.

I prefer to use: Visa Mastercard AMEX

CARDHOLDER NAME (PLEASE PRINT) <Phone Number>
PHONE NUMBER

_____/_____/_____/_____
CREDIT CARD NUMBER <Email Address>
EMAIL ADDRESS

_____/_____
EXPIRATION DATE CARDHOLDER SIGNATURE

Do we have the right details? Please update if incorrect.

I would like information about a gift of shares and leaving a gift in my Will.

You may change or cancel your monthly donations at any time by emailing foundation@thp.ca, or calling 905-848-7575. Please allow five business days' notice so we can ensure no further payments are processed. Every February you will receive a consolidated income tax receipt for all donations made the previous calendar year. Tax receipts will be mailed in February for total donations of \$25 or more. You have certain rights if your donation does not comply with this agreement. For more information on those rights and on your right to cancel please visit www.payments.ca or contact your financial institution. Charitable Business # BN 11924 5678 RR0001

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LEAVING A LEGACY AT TRILLIUM HEALTH PARTNERS



Did you know that you can extend your support for Trillium Health Partners beyond today with a legacy gift? Also known as estate or willed gifts, legacy gifts are a great way to show gratitude for your local hospital and ensure that future generations in our community will continue to receive the highest quality care possible.

If you'd like more information about how to leave your legacy at Trillium Health Partners, I can help.

I look forward to hearing from you!

Tharani Rajan

Tharani Rajan
Manager, Philanthropy
Tharani.Rajan@thp.ca
437-775-4954