



ERHF Pledge Form

“Feel Good In Your Hood”

Your charitable donation remains in your department of choice!
Funds will be used for equipment & education!

Name: _____

Employee #: _____

Contact Phone: _____ Email: _____

Home Address: _____ Postal Code: _____

<input type="checkbox"/> Payroll Deduction: <input type="radio"/> Start Date: _____ (mm/dd/year) <input type="radio"/> Donation: \$ _____ per pay period
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OR

<input type="checkbox"/> Monthly Giving	<input type="checkbox"/> One Time Donation
<input type="radio"/> Visa <input type="radio"/> MasterCard	Name on Card: _____
Card #: _____	Expiry Date: _____
Yes, I pledge \$ _____ donation in support of the Eagle Ridge Hospital Foundation.	



Feel Good In Your Hood

ERH Department: _____ Equipment & Education

Signature: _____ Date: _____

Bring your form back to the foundation office to get started!

Referred by: _____

Feel Good In Your Hood
...it's your choice! Support your department.
Education & Equipment

Administration

♥ Education

Ambulatory Care

Biomed

Clinical Nutrition

C2B – Medical

Cardiology

Diabetes

Emergency

♥ Electric Stretcher with X-ray

♥ Crash Cart

E2A - PATH

Eagle Ridge Manor

Food and Nutrition

Foundation

♥ Greatest Needs

Health Records

Hearing Program, Public Health

Hospitalists/Physicians/Surgeons

Laboratory

Medical Imaging

MCU - Monitored Care Unit

OR PACU Day Surgery

PT OT

♥ Ruth Pollock Memorial Fund

Patient Registration

Pharmacy

Plant Services

Rapid Access Clinic

Rehabilitation Program

Respiratory

Sterile Processing

Swallowing and Assessment

Volunteer Resources

W2A - Surgery

W2B - Medical

Child and Youth Crisis

Equipment Suggestions:

* Please note that Managers will assist in final equipment & education decisions.



EAGLE RIDGE
HOSPITAL FOUNDATION
THE HEART OF A HEALTHY COMMUNITY