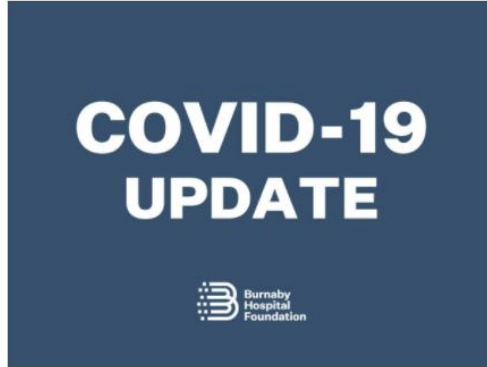


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COVID-19 Emergency Response Fund

MARCH 23, 2020



Burnaby Hospital Foundation is following the lead of Canadian public health authorities and is doing its part to protect our community. We want to ensure you that our top priority continues to be the health, safety, and well-being of our employees, supporters, hospital family, patients, and the general public.

In response to the ever-evolving situation involving COVID-19, we have established the COVID-19 Emergency Response Fund and are accepting contributions to help with the emergency needs of the hospital in dealing with the pandemic.

There is a growing list of urgently needed items to support the needs of front-line staff. If anyone would like to help, **we are currently accepting donations towards new ventilators**, and other needs as they are requested by our health care professionals.

Please donate online [HFRF](#).

打星星 (*) 的栏目为必填栏目

Donate

Thank you for helping us pave the way for a brighter future in health care!

Donation

1. 选择捐赠金额 (最后一项: 其他)

\$50 \$100 \$250 \$500 Other

2. 选择捐赠目的
(a.捐赠给最需要的人或者项目
b.新冠病毒
c. 其他)

Designation*

Designation:

3. 选择是否是一次性捐赠
(打勾说明是每月定期捐赠)

Recurring Gift

Make this a monthly gift

4. 选择是否是纪念性捐赠
(打勾请填写您需要纪念的人的姓名)

Tribute Gift

This gift is in honour or in memory of someone

5. 捐赠需求
我想要收到关于捐赠信息的更新
(Yes:希望, No:不希望)

Gift Preferences

I would like information on making a lasting contribution

Billing Address

账单邮寄地址 (卡号地址)
以组织名义捐则
(如果☑请填写组织名字)

Billing Address

Make this gift on behalf of an organization

Name:

Email:

Phone:

Country:

Address:

City:

Province & postal:

I would like this gift to remain anonymous

姓名
电子邮箱
电话
国家 (中国China, 加拿大Canada)
地址
城市
省份, 邮编

付款详情






我希望这份捐款是匿名的

Payment details

[Payment Processed by Blackbaud](#)

持卡人姓名 Cardholder name:

卡号 Card number:

过期时间 Expiration: CSC:

持卡人姓名
卡号

过期时间

安全码
(通常在卡背面的三位数)

Donate

*Designation (Please note: 15% of ALL designations will be allocated to "Highest Priority Needs" to ensure patient support needs are met.