

# Another Brick In The Wall MAKES A DIFFERENCE



## about the bricks

When the old Sturgeon General Hospital was demolished in the spring of 1997, 1000 bricks were saved to be incorporated into the front entrance renovation at the new hospital.

By sponsoring a brick, your name can be permanently linked to the great tradition of health care that the Sturgeon Hospital – both new and old – has come to represent in our community!

This innovative project links the tradition of excellent health care from the past to the future by incorporating some of the old hospital with the new.

Only 1000 bricks are available in the wall, engraved with your choice of wording.

### **EACH BRICK TELLS A STORY.**

Some people have chosen to engrave their family name or the birth dates of children born at the Hospital, while others have honoured the memory of a loved one who has passed away.

## the benefits

**In addition to having your name engraved on the brick, you will receive:**

- A certificate of authenticity
- An income tax receipt
- And, most importantly, the satisfaction of supporting a very worthy cause.

## contact us

**Sturgeon Community Hospital Foundation,**  
201 Boudreau Road, St. Albert, AB T8N 6C4

Telephone: 780-418-7361 Fax: 780-418-7406

E-mail: [sturgeonhospitalfoundation@albertahealthservices.ca](mailto:sturgeonhospitalfoundation@albertahealthservices.ca)

[www.sturgeonhospitalfoundation.org](http://www.sturgeonhospitalfoundation.org)

## follow us



@sturgeonchf



YouTube

# THANK YOU FOR YOUR SUPPORT!

# Because I wish to help keep the Sturgeon Hospital strong,

I enclose a donation of \$ \_\_\_\_\_. to support the dedication to enhanced patient care. I prefer not to sponsor a brick.

I enclose \$150 to sponsor a brick with this appearing on it:

Up to a maximum of 75 characters and/or spaces on three lines

25 characters per line.

Examples: John Doe and family or John and Mary Doe or In Memory of John Doe



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Yes, please notify me when the brick is inserted in wall.

## method of payment

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Cheque (*made payable to the STURGEON COMMUNITY HOSPITAL FOUNDATION*)

Credit Card (please circle one)    Visa            Master Card

Card Number: \_\_\_\_\_ Expiry: \_\_\_\_\_

Signature: \_\_\_\_\_

## my information

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: res: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ other: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail address: \_\_\_\_\_

*All gifts are tax deductible. An official receipt for income tax purposes will be issued promptly to the name on the cheque.  
Business registration number: 89749 3995 RR0001.*