

By sending your contribution for 2016 you can help NGH purchase:

- **Fetal Monitors** (\$50,541). Essential to the health of our youngest patients, this equipment helps us keep track of an unborn baby’s vital signs with incredible accuracy. Fetal Monitors also offer labouring women more comfort since the advanced new type of monitors allow for more freedom of movement.
- **Coagulation analyzer** (\$25,000). By monitoring coagulation, we can diagnose potential causes of haemorrhage and predict the risk of bleeding during procedures. This equipment is especially vital to patients presenting with suspected blood clots or potential pulmonary embolism (clots in the lungs).
- **Laryngoscope** (\$5,340). When a patient is having trouble breathing and requires a breathing tube, Laryngoscopes are essential to ensure safe placement. This life-saving tool is critical to our respiratory transport boxes, crash carts, anesthesia carts and pediatric cart. We also need them for patients in surgery.

By giving to NGH today you can help us provide the very best treatment and care to those you love most – your family, friends and neighbours.

Please take a moment right now to send your tax-deductible gift in the enclosed postage-free envelope. On behalf of all the patients who benefit from your commitment to local health care, thank you again for all you do for our hospital. Your support is truly appreciated.

Sincerely,



Dr. Nancy Gabel
Chief of Staff
Norfolk General Hospital

P.S. **The only way our community hospital can purchase urgently needed new medical equipment is with your support. Please rush your gift to NGH today.** Thank you!

 ----- CUT ON THIS LINE -----



HELP PATIENTS AT NGH YEAR-ROUND BY JOINING OUR MONTHLY CARING CLUB!

I would like to provide ongoing monthly support and spread my generosity over the entire year:

\$10.00 \$25.00 \$40.00 Other \$ _____

Post-dated Cheques Monthly Gift
Enclosed are 12 post dated cheques for the first of each month payable to: **"Norfolk General Hospital Foundation"**

If we fulfill our goal to purchase this new equipment, your gift will go to the next most pressing equipment need in the hospital

Credit Card Monthly Gift: I authorize the Norfolk General Hospital Foundation to deduct my monthly gifts directly from my credit card on the 1st or the 15th of each month.
 Visa Mastercard AMEX

NAME AS IT APPEARS ON THE CREDIT CARD

CARD NUMBER | | | | | | | | | | | | | | | | | | |

EXPIRY DATE | | | | | SIGNATURE _____

I understand that I may change, pause or cancel this arrangement at any time by notifying the Foundation.