



# Business Partners Program

We value your support.  
Consider joining today!

The Northumberland Hills Hospital Foundation's **Business Partners Program (BPP)** is an exclusive program for Northumberland businesses who make a cumulative annual gift to the hospital of \$1,000 net or greater.

Funds raised through the **BPP** will be used to fund the purchase of essential medical equipment for the Northumberland Hills Hospital, to ensure our patients and your customers have access to the highest quality healthcare services.

Visit the **BPP** tab at [www.nhhfoundation.ca](http://www.nhhfoundation.ca) to check out our current **BPP** members.

*Please consider becoming a BPP member and join community minded business leaders who recognize the value of excellent health care services, close to home.*

## Membership Privileges and Recognition:

- Your company logo on the Foundation's website with a link back to your business website
- You will receive exclusive decals for display at your place of business and/or service vehicles
- Once annually, your business will be recognized along with other **BPP** members in a newspaper ad
- Recognition in the Foundation's newsletter, on Facebook and other social media
- Inclusion on the hospital's donor wall at the corresponding level
- Invitation to attend an annual business breakfast, luncheon or reception
- Permission to advertise your support of the hospital using the **BPP** logo on your website, print advertising, and Yellow Pages advertising.

To learn more, please contact Adrienne Burns at (905) 372-6811 ext. 3068 or [aburns@nhh.ca](mailto:aburns@nhh.ca)

**Yes!** I want to join the Northumberland Hills Hospital Foundation's **Business Partners Program**.  
Please complete the form below and fax it back, or send it with your donation.

Enclosed is my donation of \$1,000 OR Please invoice me \$ \_\_\_\_\_  Monthly  Quarterly

I have enclosed my cheque payable to Northumberland Hills Hospital Foundation

I would prefer to use my credit card:  VISA  MASTERCARD

CARD NUMBER:     /     /     EXPIRY DATE:   /

BUSINESS NAME: \_\_\_\_\_

NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ EMAIL: \_\_\_\_\_

TOWN: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

Mail to: Northumberland Hills Hospital Foundation, 1000 DePalma Drive, Cobourg, ON K9A 5W6 or fax to 905-373-6936