MAKING A REAL DIFFERENCE
SASKATOON COMMUNITY CLINIC FOUNDATION INC.

www.saskatooncommunityclinic.ca Charitable Reg. No. 119140770RR0001

2022 ANNUAL APPEAL

Dear Member:

Sixty years ago, the Community Health Services (Saskatoon) Association (CHSA) opened the modest yet mighty Saskatoon Community Clinic (SCC).

The Saskatoon Community Clinic Foundation has been a key partner since the early days.

Over the years, your donations have been used to fund equipment, programs and clinic buildings, improving the healthcare the clinic provides and meeting the diverse needs of members and our community.

To meet anticipated funding requirements, the foundation's goal is to raise $100,000 this year.

We have a special ask of you to help us get there.

We know there are many people who need to make full use of the recently announced one-time $500 payment to all Saskatchewan residents. The affordability crisis is all-too-real.

But some of you have told us the $500 is nice but not necessary in your household.

Instead, you wished the provincial government would have pooled these resources for a bigger impact in an area like healthcare.

If this is you, please consider doing just that: Pool your $500 affordability grant with that of your fellow clinic members to make an impact in the care your healthcare co-op provides.

As a co-op member, you understand the importance of working together to achieve common goals and a greater good. This $500 payment provides an opportunity to do just that.

If you have any questions or would like to learn more about the many ways to donate to the foundation, please call Member and Public Relations at 306-664-4265. Thank you!

Angie Fergusson

Angie Fergusson, President
Saskatoon Community Clinic Foundation Inc.

☐ **Yes, I want to Make a Real Difference at the Community Clinic!**

Enclosed is my gift of: ☐ $30 ☐ $50 ☐ $100 ☐ $500 ☐ Other: $_____

☐ Paid by cheque payable to Saskatoon Community Clinic Foundation

☐ Please charge my: ☐ VISA ☐ MasterCard (provide details to the right)

☐ I have included the Foundation in my will

☐ **I want to become a Monthly Donor!**

I authorize the Saskatoon Community Clinic Foundation Inc. to deduct:
☐ $10 ☐ $15 ☐ $25 ☐ Other: $ _____ from my credit union/bank account on the 1st day of each month. I am enclosing a cheque marked VOID or account information from my financial institution.

You can also donate by searching Saskatoon Community Clinic Foundation on CanadaHelps.org.

Note: You may change or cancel your monthly gift at any time by contacting the Foundation at foundation@communityclinic.ca or calling 306.664.4265.

Name: _____

Address: _____

City: _____ Postal Code: _____

Mobile/Phone No.: _____

Email address: _____

My gift celebrates
or is in memory of: _____

_____ / ____
Credit card number Expiry Date

_____
Signature