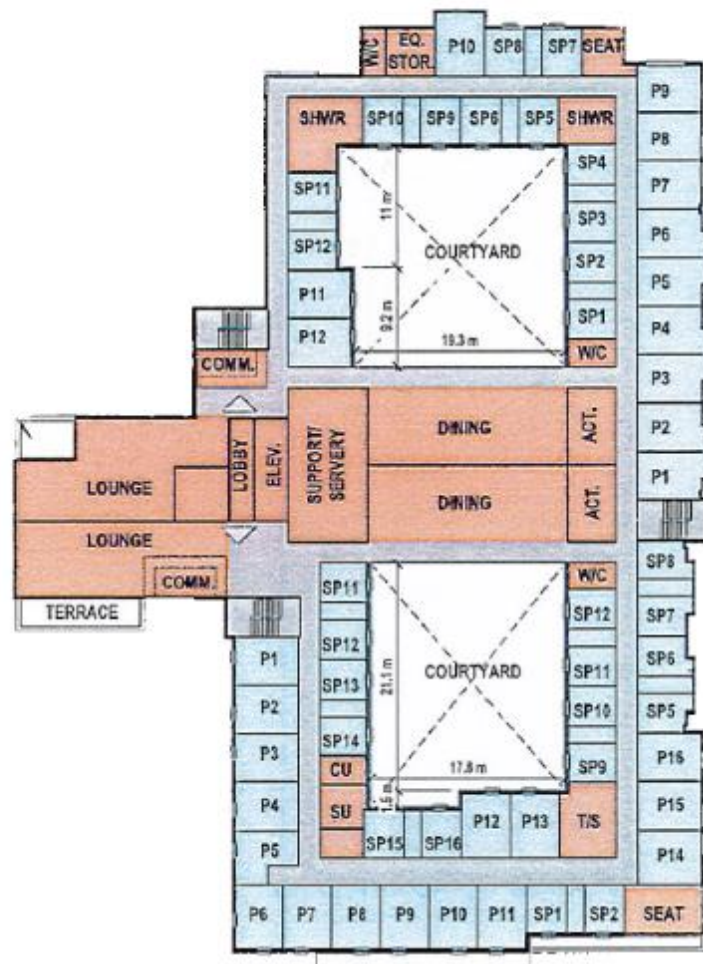
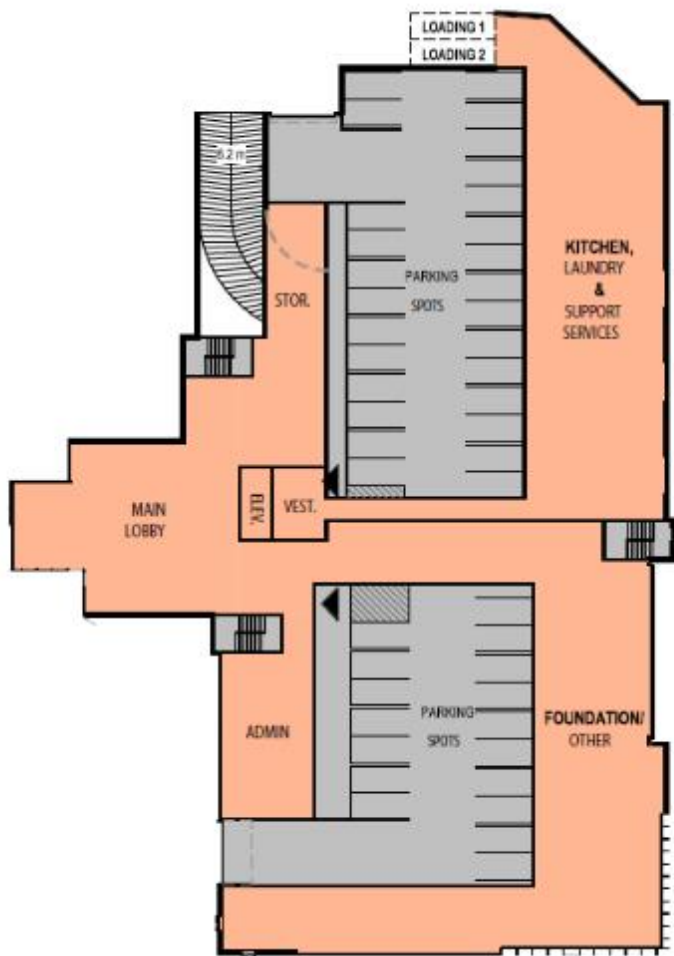


芬治新院表彰命名



**Yee Hong Community
Wellness Foundation**

頤康基金會

整座長期護理中心 (已預留)	\$500萬
護老院	\$200萬
南大樓	\$800,000
北大樓	\$700,000
底層大堂中庭 (已預留)	\$600,000
南庭院	\$350,000
北庭院	\$350,000
基金會辦公室 (已預留)	\$250,000
行政辦公室 (已預留)	\$200,000
底層電梯大堂 (已預留)	\$120,000
南翼 (每層)	\$120,000
北翼 (每層)	\$100,000
休息室/活動中心 (每層)	\$100,000
飯廳 (每層)	\$100,000
電梯大堂 (每層)	\$60,000
院友休息室 (每層)	\$40,000
院友房間	\$25,000

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**Yee Hong Community
Wellness Foundation**

頤康基金會

60 Scottfield Drive
Scarborough, Ontario M1S 5T7
Tel: 416.321.0777
Fax: 416.321.0778
E-mail: foundation@yeehong.com
Website: www.yeehong.com

YEE HONG NEW FINCH CENTRE Donor Recognition Form

頤康新士嘉堡芬治中心設施命名表格

Donor Information

Mr. 先生 Mrs. 太太 Ms. 女士 Other 其他 _____

Last Name _____ First Name _____

Address _____

City _____ Province _____ Postal Code _____

Telephone _____

Fax _____ Email _____

Recognition Area (for Naming Opportunity)

<input type="checkbox"/> Whole Centre	\$5 Million (reserved)	<input type="checkbox"/> South Courtyard	\$350,000	<input type="checkbox"/> Elevator Lobby (main)	\$120,000
<input type="checkbox"/> Nursing Home	\$2 Million	<input type="checkbox"/> North Courtyard	\$350,000	<input type="checkbox"/> Activity Centre (each)	\$100,000
<input type="checkbox"/> South Building	\$800,000	Foundation Office	\$250,000 (reserved)	<input type="checkbox"/> Dining Room (each)	\$100,000
<input type="checkbox"/> North Building	\$700,000	Administrative Office	\$200,000 (reserved)	<input type="checkbox"/> Elevator Lobby (each)	\$ 60,000
Central Lobby	\$600,000 (reserved)	<input type="checkbox"/> South Wing (each floor)	\$120,000	<input type="checkbox"/> Lounge (each)	\$ 40,000
		<input type="checkbox"/> North Wing (each floor)	\$100,000	<input type="checkbox"/> Resident Room	\$ 25,000

My contribution to the Yee Hong New Finch Centre Recognition Area is a:

Onetime Donation 一次過捐款: \$ _____

Monthly Donation 每月認捐: \$ _____ Pledge Duration 認捐時段: 3 years 三年 5 years 五年

Donation commencing date 認捐開始日期: _____

Yearly Donation 每年認捐: \$ _____ Pledge Duration 認捐時段: 3 years 三年 5 years 五年

Donation commencing date 認捐開始日期: _____

Please provide name to be recognized in English and Chinese
刻上的名字請用

Yee Hong Foundation reserves the right to limit the number of characters
to be inscribed based on aesthetic design principle.

因美觀及全面設計策劃，頤康基金會將保留限制刻寫字母總額的權利。

Confirmation

Donor Signature _____ Date _____

Please direct inquiries and fax completed form to Yee Hong Community Wellness Foundation.

查詢或認捐請致電或傳真頤康基金會: Tel: (416) 321-0777 Fax: (416) 321-0778