



This holiday season, we wish you cherished moments with those you hold dear. May the new year bring health, hope and kindness to you and our entire community.



TOGETHER, LET’S ADVANCE PATIENT CARE

Behind every surgical procedure are dedicated teams and equipment essential to quality care.

This year, the BMP Foundation aims to support three equipment purchases for the operating room and orthopedic surgery. These projects will give BMP Hospital’s teams tools better suited to their work and to the needs of patients in our community.

Read on to discover how your generosity can help bring these projects to life.

On behalf of the BMP Foundation team and our Board of Directors, thank you for caring about healthcare in Brome-Missisquoi. Your donations will help develop and carry out future projects at BMP Hospital, benefiting your friends, family and neighbours.



Patrick Boucher
Patrick Boucher
President



Francis Laramée
Francis Laramée
Executive Director



Demand for orthopedic surgery is growing rapidly across Quebec. Our team of orthopedic surgeons is committed to providing advanced treatments as promptly as possible. With the Foundation’s support, additional instruments and high-performance tools allow us to perform more precise surgeries and treat more patients in our region. A heartfelt thank you to all our donors!



Dr Félix Munger
Orthopedist

If you have recently made a donation or participated in one of our activities, the BMP Foundation is pleased to have shared this news with you and thanks you from the bottom of our hearts for your generosity!

THANK YOU FOR COMPLETING THIS FORM AND RETURNING IT IN THE ENCLOSED ENVELOPE. ▾

Correction, if needed:

YOUR DONATION (according to the average of your donations):

Your donation this year:

\$

Thank you, from the bottom of our hearts!

☐ Je souhaite recevoir ma correspondance en français.

PAYMENT METHOD

☐ CHEQUE OR MONEY ORDER payable to the BMP Foundation

☐ VISA / MASTERCARD

Online
foundationbmp.ca

Credit card number

Expiration date

Name of cardholder (block letters):

Phone number:

Charity number:
89528 0477 RR 0001

Signature:

A receipt will be issued for a donation of \$20 and over, by mail.

☐ Please send my receipt via email.

☐ I would like to receive news from the BMP Foundation by email.

Email address:

PARTICIPATE IN THE MONTHLY DONATION PROGRAM AND MAKE HEALTH A PRIORITY IN YOUR REGION!

OR

YES
I WISH TO CONTRIBUTE

☐ I authorize the BMP Foundation to withdraw, every month, the amount of:

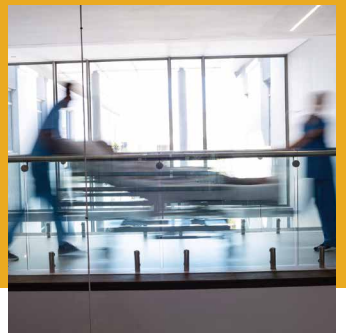
☐ From my bank account (include a specimen cheque)

\$

☐ From my credit card (complete the payment method section)

Contact us
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