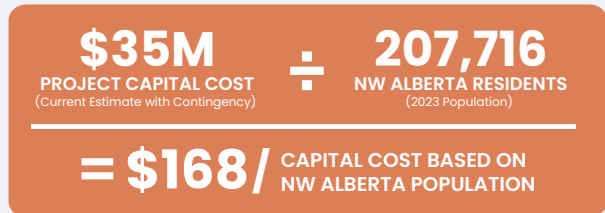




Employee Wellness *Champion Program*

At Maskwa Medical Center, we believe that healthy employees are the foundation of a successful and thriving workplace. As part of our commitment to improving community health and well-being, we are proud to introduce the **Employee Wellness Champion Program** - *an opportunity for employers to invest in the health of their workforce and their families.*

By contributing \$170 per employee and their dependents, you can become a recognized Employee Wellness Champion today.



This graphic demonstrates how the capital cost is broken down by a per resident basis.

What You'll Receive:



Company name listed as an Employee Wellness Champion on Maskwa Medical Center website.



Company statement added to the Maskwa Medical website on importance of investing in employee health.



Sponsor acknowledgement on Maskwa's Social Media, in our newsletters and annual report.



Invitations to Maskwa Medical Center events.



The opportunity to join a growing community of businesses who are making a tangible difference in the lives of their employees.



Recognition by your employees for your investment in their health and well-being.

Maskwa Medical Center will leverage any surplus funds from its capital campaign to support medical research and training opportunities, student support programs, and future infrastructure needs to meet the growing demand for medical services in the region. Every initiative funded helps to advance our mission to provide accessible, high-quality healthcare for the residents of Northwest Alberta.



Employee Wellness Pledge Form

Please email your completed form to info@maskwamedical.ca

DONOR INFORMATION:

Name to be Acknowledged:			
Contact Person:		Title:	
Address:			
Contact Phone:			
Contact Email:			

EMPLOYEE WELLNESS DONATION DETAILS:

Number of Employees:		X \$170 =	
Number of Dependents:		X \$170 =	
Total Employee Wellness Contribution =			

DONATION DETAILS:

One time Donation of:	\$		
Repeating Donation of:	\$	Every:	<input type="checkbox"/> Quarter <input type="checkbox"/> Year
Starting Date:		# of years:	

Please apply my donation to: Building Capital Fund General Fund

- Please acknowledge my donation publicly
- I would like to receive a tax receipt
- I would like to receive news and updates about the Maskwa Medical Center

To support the Maskwa Medical Center, I/we, the undersigned donor(s), enter into this charitable contribution agreement on _____ day of _____, 20 ____.

Donor Signature:	
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PAYMENT METHODS:

E-TRANSFER Please make EFT to donation@maskwamedical.ca

CHEQUES Please make payable to Maskwa Medical Center
Mail to: 722042B RR63, Clairmont, AB, T8X 4L7



ONLINE BY CREDIT CARD

Scan the QR code and make a donation through
Northwest Alberta Foundation: <https://nafgives.com/maskwa-medical-center>

Charitable receipts will be issued.

Thank you for your support!