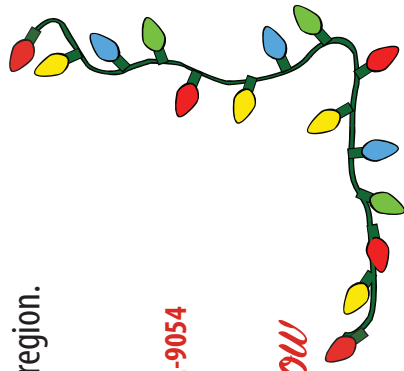




The **South Okanagan Similkameen Medical Foundation** is dedicated to the achievement of excellence in supporting the delivery of health services in our region.



South Okanagan Similkameen Medical Foundation
 550 Carmi Avenue, Penticton, B.C. V2A 3G6
 Tel: 250-492-9027 • Toll-free: 1-866-771-0994 • Fax: 250-492-9054
 Visit us online at... www.sosmedicalfoundation.com



Giving Today for a Healthy Tomorrow

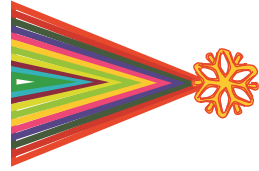
SOUTH OKANAGAN SIMILKAMEEN
 MEDICAL FOUNDATION
 550 CARM I AVE
 PENTICTON BC V2A 9Z9



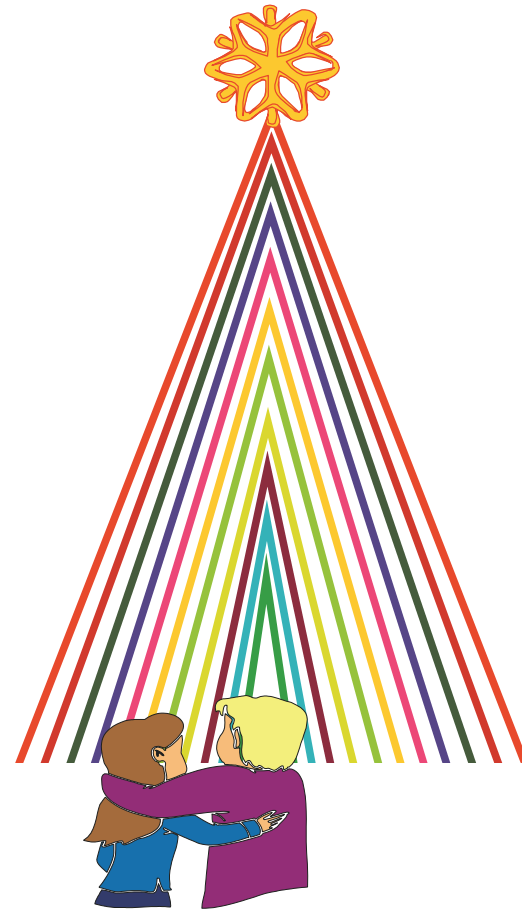
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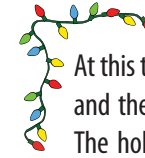


6th Annual Tree of Dreams



South Okanagan Similkameen Medical Foundation
 ...raising funds to support our communities'
 health care needs.

The holiday season, a traditional time of giving...



At this time of year, our thoughts naturally turn to family, friends and the community we are all fortunate enough to call home. The holiday season, a traditional time of giving, offers you an opportunity to make a real and valuable difference to the quality of life in our community.

The South Okanagan Similkameen Medical Foundation is asking you to support the 6th Annual Tree of Dreams Campaign. The focus of this year's campaign is **Cancer Diagnosis** and there are several pieces of equipment requested for Penticton Regional Hospital. The Laboratory requires five new machines including a histology grossing station for testing biopsies prior to and during surgery; totaling \$144,000. With more than 200 Colonoscopy procedures per year we are hoping to purchase three new colonoscopes and biological cabinets for sterilization for a total cost of \$229,000. We need to replace three scopes for viewing the esophagus and the uterus, totaling \$54,000 and two specialized probes for the Digital Imaging department utilizing ultrasound technology totaling \$19,560. Our goal is to raise a total of \$446,560.

The good news is that this new state of the art equipment will assist not only in cancer diagnosis but other illnesses as well. At the Penticton Regional Hospital the population we serve comes from all over the region, Princeton to Osoyoos, Oliver to Penticton and Summerland. As an acute care hospital it is essential that we be prepared for all diseases and or traumatic injuries.

The Christmas campaign goal is bold but with the incredible medical staff at Penticton Regional Hospital cancer can be beaten! If diagnosed at its earlier stages, patients have the best possible chance of reducing invasive cancer treatments, improving the quality of life and helping them to achieve a full recovery.

The South Okanagan Similkameen Medical Foundation
 is asking **you** to help us raise **\$446,560**

The total amount urgently needed is \$446,560.

Please include the South Okanagan Similkameen Medical Foundation in your holiday gift-giving plans...

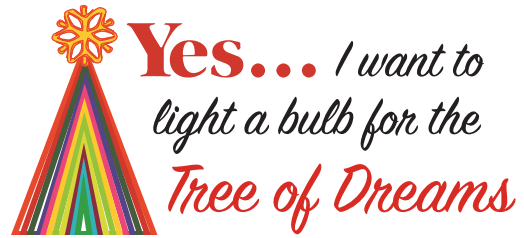


Yes, I want to light a bulb for the *Tree of Dreams* for new cancer diagnostic equipment at the Penticton Regional Hospital.

...or designate all or ____ (part) of my donation towards:
I would like to designate my gift to:

_____ Dept. at Penticton Regional Hospital

- | | |
|--|--|
| <input type="checkbox"/> Moog and Friends Hospice House | <input type="checkbox"/> Trinity Centre |
| <input type="checkbox"/> Summerland Health Centre | <input type="checkbox"/> Dr. Andrew Pavilion |
| <input type="checkbox"/> South Okanagan General Hospital | <input type="checkbox"/> Sunnybank Centre |
| <input type="checkbox"/> Princeton General Hospital | <input type="checkbox"/> Ridgewood Lodge |
| <input type="checkbox"/> South Similkameen Health Centre | <input type="checkbox"/> Orchard Haven |



Yes... *I want to light a bulb for the Tree of Dreams*

**A donation of \$25 or more lights a bulb.
\$500 or more lights a whole string!**

My cheque/money order is made payable to South Okanagan Similkameen Medical Foundation in the amount of:

- \$25 \$50 \$100 \$500
 Other _____

Please charge my:  

The amount of: _____
Card Number: _____
Expiry Date: _____
Signature: _____

Please send a charitable tax receipt to:

- Mr. Mrs. Ms. Mr & Mrs. Dr.

Name: _____
Mailing Address: _____
City/Prov.: _____
Postal Code: _____
Phone Number: () _____

Please make Tree of Dreams Contribution:

- In Memory of: _____
 In Honour of: _____

Please send me more information about leaving a gift in my will.

Charitable registration number 11909 0793 RR0001

...Thank You.

