









For the Community By The Community

Improving Cardiac Care at the Royal Inland Hospital in Kamloops, BC

"Have a Heart to Give...
For a Heart to Live."



Email: iwishfund@gmail.com Visit: www.iwishfund.com

Improving Cardiac Care at the Royal Inland Hospital in Kamloops, BC

2020 GOAL: \$300,000

"ICCHA means "WISH" in many languages of India. When someone is sick in the hospital, we wish them well but that is not good enough, WE HAVE TO DO MORE! A wish for a healthy community can come true by businesses and individuals giving something back for the benefit of all who rely on Royal Inland Hospital." - Al Patel, Founder



For the Community... By The Community.

The ICCHA/WISH Fund is proud to announce the opening of the new

ICCHA/WISH Coronary Care Unit

This is the first step in reaching our ultimate dream of a Catheterization Lab for the Royal Inland Hospital.

2020 GOAL: To raise \$300,000+ and provide a dedicated ECHOCARDIOGRAM that will help reduce the current wait times for non-invasive diagnosis for patients.



JOIN US AT THE 12TH ANNUAL ICCHA / WISH GALA ON FRIDAY, MAY 8, 2020



Our Community Giving Back



Improving Cardiac Care at Royal Inland Hospital



WHEN

FRIDAY MAY 8, 2020 5:30PM WHAT

COCKTAILS, DINNER, AUCTION, 50/50 & ENTERTAINMENT WHERE

COLOMBO LODGE 814 LORNE STREET KAMLOOPS, BC

For limited tickets (\$250 each) or to become a donor email iwishfund@gmail.com or call:

Al Patel: 250-319-2074 | Steve Lidguard: 250-574-1284 | Anil Parekh: 250-572-0763

Become an ICCHA/Wish HERO OF THE HEART



Individuals or teams who raise \$1,000 will receive two complimentary tickets to the 12th Annual Red Carpet ICCHA / Wish Fund Gala and be honoured with a custom plaque and a walk on the red carpet at the gala.

Our Heroes of the Heart will also be acknowledged in the ICCHA/Wish "Our Community Giving Back" magazine which will be distributed to 30,000 homes. This magazine will be printed by Kamloops This Week.

2020 DONOR OPPORTUNITIES

THE "ICCHA / WISH FUND" MAGAZINE WILL BE PRINTED BY KAMLOOPS THIS WEEK AND DISTRIBUTED TO 30,000 HOMES

\$ 5 0 K

PREMIER DONORS 4 SPOTS

\$50,000+

A dedicated plaque in your honour that will be displayed in the new ICCHA/Wish Fund Coronary Care Unit at Royal Inland Hospital, a full page ad (prime space) in the ICCHA/Wish Fund Magazine, 30 tickets (\$7,500 value) to the Gala and all media mentions.

\$12.5K

DIAMOND DONOR 4 SPOTS

\$12.500+

A full page ad in the annual issue of the ICCHA / Wish Fund Magazine, 20 tickets (\$5,000 value) to the Gala, all website, social media and printed media mentions.

\$6,000

GOLD DONOR 5 SPOTS

\$6.000+

A 1/2 page ad in the annual issue of the ICCHA / Wish Fund Magazine, 10 tickets (\$2,500 value) to the Gala and all website, social media and printed media mentions.

\$3,000

SILVER DONOR 10 SPOTS

\$3,000+

A 1/4 page ad in the annual issue of the ICCHA / Wish Fund Magazine, 4 tickets (\$1,000 value) to the Gala, and all website, social media and printed media mentions.

\$2,000

BRONZE DONOR 10 SPOTS

\$2,000+

An 1/8 page ad in the annual issue of the ICCHA / Wish Fund Magazine, 2 tickets (\$500 value) to the Gala, website recognition and all printed media mentions.

HER0

HERO OF THE HEART \$1,000+ For individuals or teams who raise \$1,000, receive:

- A customized plaque in your honour
- two complimentary ICCHA / Wish Fund Gala tickets (an additional ticket for every \$1,000 raised)
- Recognition in the annual issue of the ICCHA / Wish Fund Magazine
- A walk on the red carpet.

GALA

LIVE AUCTION OR EVENT DONOR Recognition in the annual issue of the ICCHA / Wish Fund Magazine, all printed and digital media mentions and recognition by our Emcee during the Gala.



What is your preferred communication method?

PLEDGE FORM



I/We would like to make a total contribution of \$______to the ICCHA/Wish Fund over ___ years **DONOR INFORMATION PAYMENT OPTIONS** Name My payment will be made: One time in full Annually Monthly Other _____ Address Cheque (payable to Royal Inland Hospital Foundation) City Cheque enclosed in amount of Province Postal Code Post-dated cheques in amount of Cell Number Other Number (specify) Void cheque enclosed (monthly amount) \$_____ Credit Card **Email Address** Payment in the amount of RECOGNITION Visa 🔲 Mastercard Name to appear on donor listings Card Number Expiry I wish to remain anonymous Cardholder Name Further discussion required to finalize

THANK YOU FOR YOUR SUPPORT!

Cardholder Signature