



INNOVATORS

CHILDREN'S HOSPITAL FOUNDATION OF MANITOBA INNOVATORS IS AN EXCLUSIVE PROGRAM THAT ENGAGES THE NEXT GENERATION OF PHILANTHROPISTS TO FUND THE HIGHEST-PRIORITY NEEDS OF THE CHILDREN'S HOSPITAL AND THE CHILDREN'S HOSPITAL RESEARCH INSTITUTE OF MANITOBA.

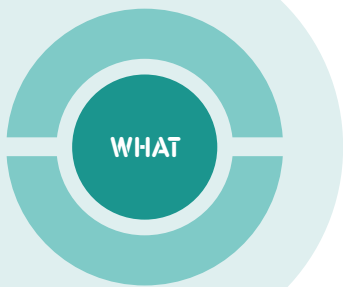
Children's Hospital Foundation of Manitoba Innovators. Build your network. Make a difference.



- Step 1:** Commit a minimum \$6,000 investment over 2 years. This will be combined with other Innovators for a collective investment.
- Step 2:** Learn about the highest priority needs at the Children's Hospital and the Children's Hospital Research Institute of Manitoba as you meet the clinicians and researchers who are transforming the future of child health.
- Step 3:** Innovators are pitched different projects. Collaboratively, Innovators decide the next project to fund.



From specialized equipment, ground-breaking research and programs that bring comfort to sick children and their families during difficult times, you have the exclusive opportunity to decide how your dollars can directly impact kids.



Children's Hospital Foundation of Manitoba Innovators are the best and brightest coming together for a great cause – improving child health in Manitoba. Get ready to be inspired! You'll be a part of:

- Four engaging networking events per year
- Behind-the-scenes tours of state-of-the-art facilities
- Meeting subject matter experts in ground-breaking research, innovative treatments and the highest priority needs at the Children's Hospital and Children's Hospital Research Institute of Manitoba
- Sharing stories and connecting with like-minded philanthropists including thought-leaders from every sector

EVENTS

**FEB
2019**

3rd Annual
Launch

**MAR
2019**

Networking
Event

**MAY
2019**

Behind-the-
Scenes Tour

**OCT
2019**

Forum Funding
Decision

SECOND SESSION:

**NOV 2019
JAN 2020
FEB 2020
MAY 2020**

BE A CHILDREN'S HOSPITAL FOUNDATION OF MANITOBA INNOVATOR

Please contact: Nicole LaTourelle at nlatourelle@hsc.mb.ca • 204-787-4172



INNOVATORS

PLEDGE FORM

- Yes, I/we would like to be a Children's Hospital Foundation of Manitoba Innovator by making a commitment of \$_____ per year for the next two years (minimum \$3,000 per year).
- I/we agree that my donation will be designated to the Children's Hospital Foundation of Manitoba Innovators Fund, where funds will be collectively disbursed at the end of each year towards an area of priority for the Children's Hospital or the Children's Hospital Research Institute of Manitoba.
- I/we agree to the terms and conditions on the next page.

CONTACT INFORMATION

Name(s): _____ Address: _____
Phone: (Home): _____ (Cell): _____
Email(s): _____

RECOGNITION

- Where the opportunity for public recognition arises, I/we would like to be acknowledged as:

- I/we would prefer to remain anonymous

SOCIAL MEDIA

Please tell us which social networks you currently use. Mark all that apply:

- Facebook Twitter LinkedIn Instagram Other (please specify) _____

PAYMENT OPTIONS

I would like to make my donation:

- Annually on: _____ In monthly installments, beginning on: _____
- Other: _____

I would like to pay by:

- Cheque. Please make any cheques payable to the *Children's Hospital Foundation of Manitoba*
- Charge the donation to my credit card: Visa MasterCard AMEX

Card Number: _____ Expiry Date: _____ mm / _____ yy
Name on Card: _____
Signature _____ Date _____