



A place to call home.

101-311 Alexander Avenue, Winnipeg, Manitoba R3A 0M9



"Our stay with A Port in the Storm made my treatments and my journey a very comfortable time" ~ Gloria G., Dominion City, MB

OUR MISSION...

A PORT IN THE STORM IS A SAFE HAVEN FOR RURAL AND NORTHERN ADULTS REQUIRING MEDICAL CARE IN WINNIPEG.

A Port in the Storm Adopt-A-Suite Program

Through the Adopt-a-Suite program, you help us ensure that more families from across Manitoba can stay at A Port in the Storm during their greatest time of need.

Your Impact

When you Adopt-a-Suite at A Port in the Storm, you give the gift of comfort to families staying far away from home, providing a familiar, welcoming space to come home to after a long day of medical care. A Port in the Storm depends on community supporters like you to serve up to 300 families a year.

Why it's Important to Give

When a loved one is diagnosed with a life-threatening illness, their family needs to be by their side. Many of our families are faced with long distance travel and expensive accommodations. Often a spouse or partner will take a leave of absence or quit their job.

By providing a 'place to call home', A Port in the Storm eases the financial and emotional burden on families, allowing them to focus on their loved one and on healing together.

We Appreciate and Recognize your Support:

- ♥ Prominent naming inside the suite for the length of your adoption
- ♥ Special recognition in our Annual Review, newsletter, website and social media
- ♥ A tax receipt applicable for the calendar year of each payment
- ♥ A tour of A Port in the Storm
- ♥ Take away donor keepsake for your office or organization
- ♥ A first right of renewal to continue support of your suite at the end of your commitment

YES! I AM READY TO ADOPT-A-SUITE:

\$5000 ANNUALLY

For: 1 year 2 years 3 years

Payment is enclosed for the full amount

OR:

Please make installment payments throughout the next year(s):

Card #: _____

Expiry Date: _____ / _____ CVV #: _____

Name on Card: _____

Sponsor Name:* _____

Address: _____

Name to Appear on Donor Recognition:

Contact Name: _____

Phone: _____ Fax: _____

Email: _____

Authorized Signature: _____

Date: _____

I prefer to pay by cheque I prefer to be invoiced

* A tax receipt will be issued in the name that appears above

For more information contact:

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VISIT US: aportinthestorm.ca