VISION STATEMENT
Weeneebayko Area Health Authority will distinguish itself as a provider of quality health services with a holistic approach that reflects the distinct needs of all peoples in the Weeneebayko Region.

OUR VALUES
1. Commitment to promoting healthier lifestyles while continuing to improve the holistic, lifelong well-being of all peoples in the area
2. Commitment to providing high quality health services including a traditional healing program
3. Supportive of families and communities through health education, advocacy and Cree language services

RENEWING FOR HEALTH CAMPAIGN
We invite you to be part of Weeneebayko history and help us in creating healthier futures for the peoples in the northern communities along James Bay and Hudson Bay. Help us raise funds.

Weeneebayko Area Health Authority
P.O. Box 34
Moose Factory, ON, P0L 1W0
Phone: 705-658-4544
Fax: 705-658-4917
www.weeneebaykohealth.ca
RENEWING FOR HEALTH CAMPAIGN

Over the recent past, WAHA has suffered some unfortunate events including a fire that significantly damaged the Moosonee Heath Centre, and flooding in Moosonee and Attawapiskat. We need your help to renew these health centres.

WEENEEBAYKO

The Weeneebayko Area Health Authority (WAHA) is a First Nations Regional Health Authority and delivers most health care services to the residents in the communities of Peawanuck, Attawapiskat, Fort Albany, Kashechewan, Moosonee and Moose Factory along the West Coast of James Bay. The catchment area is large, serving a population of over 12,000 people.

WAYS TO DONATE:

CASH/CHEQUE:
You can make a cash or cheque donation by visiting the WAHA Finance Office. Cheques are made out to Weeneebayko Area Health Authority.

Vice President of Corporate Services
9:00 to 12:00
Monday to Friday

ON-LINE/CREDIT CARD:
Donate securely and using your credit card at www.weeneebaykohealth.ca

Donations are tax deductible.

FORM

Name: _______________________________
Address: _______________________________
City: _______________________________
Province: _______________________________
Postal Code: _______________________________
Phone: _______________________________
E-mail: _______________________________

HELP US REACH OUR GOAL

Yes, I would like to make a donation in the amount of $____________________ to the Renewing for Health Campaign.

HELP US TO RENEW OUR PATIENT ROOMS

I/We would like to purchase the following room furniture or equipment:

- Pulse Oximeter - $100
- Blood Pressure Monitor - $250
- Wheel Chair - $500
- Stretchers - $1,000
- Hypothermic System - $2,000
- Vital Signs Monitor - $5,000

GIVE CHILDREN A HEALTHIER FUTURE

I/We would like to purchase the following Paediatric equipment

- Incubator - $5,000
- Infant Scale - $5,000
- Birthing Bed - $15,000
- Fetal Monitor - $20,000

OTHER DOORS:

- PATIENT ROOM - $10,000

As a corporation or family or a group of friends buy a room in your name.

- BUY A BED - $5,000

Be recognized by our patients by having your name acknowledged on a hospital bed.

- BUY A COMPUTER - $1,000

Be recognized by having your name acknowledged on a computer.