



Dr. Brian Devin
WDMH Chief of Staff

You are who we care about most at WDMH – our patient.

I hope you are staying safe and healthy during this unprecedented and extraordinary time. My family and I are practicing the recommended ‘physical distancing’, and adjusting to a new way of living. And the staff of the Winchester District Memorial Hospital continue to do everything they can to ensure patients like you receive the care you need.

You deserve the best quality care. While you were here, we would have asked you how you were feeling; if you had any questions; or if you were experiencing any pain. We did our absolute best to put your concerns at ease. **We took care of you.**

Time and time again, patients like you honour their caregivers by writing to the staff to personally thank them for the excellent care they received. They usually mention how the staff made them feel like a person – not just a number, or just a patient, but like family. In such an emotional and challenging work environment, those kind words from people like you mean so much! [It’s so touching to hear from patients like you that we have helped on their health care journey since we often wonder about you.](#)

Your recent visit to WDMH proves how fortunate we all are to have access to state-of-the-art healthcare in Ontario! And, what’s even better is that it’s right here in our own backyard. **But, your tax dollars do not fund everything that is needed to provide quality healthcare to you and your family.**

That’s right! The provincial government does not provide hospitals like WDMH with the funding to purchase medical equipment. The equipment we need to take care of our patients – patients like you.



*If you were
moved by the
quality care you
received,*

*Honour Your
Caregiver by
making a donation
today to let them
know how
important
their care was
to you.*



Please flip to continue reading

As you can imagine, that poses a challenge for our staff and patients. **Many of our donors are former patients, or know patients, just like you. They care so much about you and WDMH that they've given everything they can to support the ongoing needs of our hospital – and they are proud to do so.** Our donors are just as important as our awesome staff in making WDMH the exceptional place that it is.

Without that extra financial support, WDMH would not be as well-equipped to help you and your family.

When you honour your caregiver, you are making an impact on healthcare in your own backyard.

Please complete the enclosed form, and your chosen caregiver(s) will receive your kind words along with a 'Making the Difference' pin (pictured on the front page) for them to wear proudly at work.

We hope you will consider becoming a donor to help us help other patients like you. We care about you and are so grateful for your help. ***You are what we care about most at WDMH – our patients and our donors.*** Become part of our fantastic team by making an ***Honour Your Caregiver*** gift today.

Please know that your gift allows us the opportunity to fund the highest-priority needs at WDMH much quicker than we could without your help.

Thank you in advance.

Sincerely,



Dr. Brian Devin
Chief of Staff

P.S. We understand that these are unusual circumstances, and it might seem strange to ask for your support at this time. But, the work of WDMH continues, and we know that many are looking to help others however they can. Your gift will make a difference.

Should you wish to have your name removed from future WDMH solicitation letters, please call 613-774-2422 x 6171 and leave your full name, full address and telephone number and we will update our records accordingly.

Here is what one of our donors had to say: “Keep up the good work. I think in this day and age it is more important than ever to support our local hospital, if we take care of it, it will take care of us. Thanks again.”



Did a caregiver, staff member or volunteer make a difference during your time at the Winchester District Memorial Hospital? You can recognize them by making a donation to support the WDMH Foundation, in their honour. Your chosen Caregiver will then receive acknowledgment of your gratitude as well as a unique lapel pin to proudly wear throughout the hospital.



HONOUR YOUR CAREGIVER

DONATION FORM

Your Name: _____

* Provide my name to my Caregiver(s) or Department(s) YES NO

* Address: _____

* City: _____ * Province: _____

* Postal Code: _____ * Day Phone: _____

Email: _____

Yes, I would like to receive quarterly e-updates about the Foundation and have provided my email address.

Name of Caregiver(s) or Department(s): _____

Occupation (e.g. nurse, physician, volunteer, etc.): _____

Reason for honouring: _____

Yes, I would be interested in sharing my story.

Gift Amount: \$ _____

**Please complete these fields so that we may issue you an official income tax receipt for your gift.*

Payment method: VISA MC Cheque Cash _____

Card # _____ Exp. Date: _____

CVV _____ This is a corporate credit card

Name as shown on credit card (Please Print): _____

Signature: _____

My cheque is enclosed
(Please make cheque payable to the WDMH Foundation)

Charitable Registration Number 89282 4368 RR0001



WDMH Foundation
 566 Louise Street, Winchester, ON K0C 2K0
 T: 613-774-2422 x 6169 F: 613-774-7202



I would like to support WDMH all year long by joining Lynne's Club, your monthly giving program. (Please see reverse of page)



What is Lynne's Club?

Lynne's Club is a monthly giving program, allowing you the opportunity to make your gift in monthly instalments.

The Club is named after Lynne Wilson, a passionate and innovative Managing Director of the Foundation, as a tribute to mark our appreciation for her service and vision. Lynne was with the Foundation from 2003 until June, 2006, when she passed away from cancer. Her dedication to WDMH helped bring the dream of a new hospital to life cementing compassionate, excellent care for future generations.

Why Become A Member?

More Benefits

As a valued monthly donor, you will receive very special benefits that you wouldn't be eligible for as an annual contributor. These benefits are listed to the right.

More Convenience

Choose an amount that fits your budget. Your donation will be automatically deducted from your credit card, directly from your bank account, or from your pay cheque, and gets to us securely – saving you the time and hassle of writing and mailing cheques.

More Impact

Your monthly gift means less paperwork, less postage, less processing costs and fewer bank charges, reducing our expenses and increasing our efficiency. As a Lynne's Club Member, more of your gift goes towards patient care.

More Control

We consider your choice to be a Lynne's Club Member a very special investment in local health care, but if at any time you want to make changes to your gift, call 613-774-2422 x 6162.

Benefits & Levels

Seed Members \$60—\$499

- A tulip, daffodil or lily bulb will be planted around Lynne's memorial stone in the courtyard at WDMH
- An annual photograph of the flower bed in bloom so that you can watch the Lynne's Club garden grow
- Lynne's Club lapel pin

Earth Members \$500—\$999

- All the benefits of the Seed Level Members
- Your name listed in one issue of the WDMH Foundation Impact Report

Water Members \$1000— \$2499

- All the benefits of the Earth Level Members
- Hospital tour given by Foundation Board Member

Sunshine Members \$2500—\$4999

- All the benefits of Water Level Members
- Campus Tour given by WDMH CEO
- Name listed in WDMH Foundation Annual Report

Warmth Members \$5000—\$7999

- All the benefits of Sunshine Level Members
- Invitation to annual donor recognition luncheon

Flower Members \$8000+

- All the benefits of Warmth Level Members
- Special Lynne's Club keepsake



Recognition Options & Preferences

I authorize the WDMH Foundation, to publish my name in the following communication tools: WDMH Foundation Newsletter, WDMH Foundation Annual Report, WDMH Foundation Impact Report.

*Please publish my/our name(s) as follows: _____.

I do not authorize the WDMH Foundation to publish my name in any publication.



Yes, I want to help support WDMH all year long by joining Lynne's Club, your monthly giving program.

Donor Name _____ Email _____

Address _____ Phone _____

*One of either email or phone number is required, just in case we have questions while processing your gift(s).

I would like to contribute the following amount on a **monthly** basis:

\$100 \$60 \$25 \$15 \$_____ is the best donation amount for me

I'd like my monthly gift to be charged to my: Visa Mastercard

This is a corporate credit card

Name on Card _____ Signature _____

Card Number _____ Expiry Date ____/____/____ CVV _____

OR

Debit my monthly gift from my bank account – I've included a sample cheque marked 'VOID'.

I understand that my gift will be processed on the 20th day of every month and that if the 20th isn't on a regular business day, my monthly gift will be processed on the next business day.

I also realize that I can alter or cancel my sustain-able gift at any time by making a simple phone call to the WDMH Foundation at 613-774-2422 x 6162.

Before February 28, I will receive a single receipt for donations made the previous calendar year.

Your signature _____ Date _____