

THANK YOU!

LEGACY GIFT THANK YOU FORM

Your Intent for Your Legacy

Your life's legacy is so important. And something worth thinking about and planning for. A legacy gift is a simple, thoughtful way to reflect your vision for compassionate excellence in health care, and to support the future of Winchester District Memorial Hospital (WDMH) and its patients.

If you have included a gift to the WDMH Foundation in your Will, or listed the WDMH Foundation as a beneficiary to an investment - thank you! We hope you will complete and sign this Thank You form. By doing so, we will be able to thank you for your generous legacy gift, discuss and confirm your recognition opportunities (should you wish), discuss the impact you will have, and ensure your gift will support WDMH in the way you intended. The details of your gift will remain private, unless you would like your intention shared.

Please only share what you are comfortable with. All information will remain confidential.

Full name: _____ Date of birth: M/D/Y _____

Address: _____

Telephone number/s: _____ Email address: _____

My Intent for My Gift:

We want your gift to have the impact you want! Please select which fund/s you want your gift directed to. If you would like more information about any of these funds, please reach out to us! We'll be happy to chat more.

- WDMH Family Care Fund:** "Supporting Care for Families Just Like Mine" – where my gift is needed most at WDMH.
- WDMH General Equipment Fund:** Because the provincial government doesn't support the purchase of medical equipment for Ontario hospitals and I want to help ensure WDMH is well-equipped.
- WDMH Cancer Care Fund:** Because I am grateful for local cancer care services.
- WDMH Family Birthing Unit Fund:** Supports education and equipment purchases relating to labour, delivery, and recovery in the WDMH Family Birthing Unit.
- WDMH Ophthalmology Fund:** To support eye care services at WDMH.
- WDMH Building and Renovations Fund:** For the physical building of WDMH.
- Health Care Undesignated Fund:** My gift will go where it is needed most at WDMH and Dundas Manor Long-Term Care Home.

As needs at WDMH change, we kindly encourage you to check the box below. This will ensure your gift will be used where your impact will be most needed.

- If circumstances make it impossible or impractical to carry out my above preferred designation, I empower the WDMH Foundation Board of Directors to use my gift to the hospital's best advantage for other purposes consistent with the spirit and intention of my gift.

Note: If you chose the HCUNDES Fund, the needs of both WDMH and Dundas Manor would be taken into account at such time.

My Recognition Opportunities:

- I am interested in learning about in life and/or beyond life recognition opportunities.
- I am not interested in learning about in life and/or beyond life recognition opportunities.

Is there anything else you want to share (about your gift or WDMH)?

Donor Signature: _____ Date: _____

Thank you!

Your legacy gift makes you a member of our Society for Compassionate Care Forever family!

Your investment in the future of WDMH and local health care is a true commitment to the compassionate excellence we strive for every day. We are so grateful for your generous support, and for entrusting us with part of your legacy. Thank you.

TALK WITH YOUR FAMILY. TALK WITH YOUR ADVISOR. TALK WITH US.



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Please note that the information included in this fact sheet is not intended as legal, financial or tax planning advice. When considering any planned gift, you should always consult professionals and your family (as preferred).