



TODAY'S DATE: _____

- IN HONOUR
 IN MEMORIAM

WDMH FOUNDATION IN HONOUR/ IN MEMORIAM GIFT FORM

WDMH Foundation, 566 Louise Street, Winchester, Ontario K0C 2K0
 T: 613-774-2422 x 6162 • F: 613-774-7202
 www.wdmhfoundation.on.ca • facebook.com/wdmhfoundation

FOR INTERNAL USE ONLY: IN PERSON VIA TELEPHONE VIA MAIL VIA FAX

DONOR INFORMATION (please print)

Donor's Name (person who paid for the donation) _____
 Address _____ City _____ Prov _____ Postal Code _____
 *Telephone Day _____ *Telephone Evening _____ *Email _____

PAYMENT INFORMATION (please print)

Donation Amount: \$25 \$50 \$75 \$100 \$250 Other _____
 Included is a cheque made payable to the WDMH Foundation
 Please bill my credit card: Visa Mastercard

CARDHOLDER INFORMATION

Card Number _____
 Expiry Date _____ 3-Digit Security Code _____
 Name on Card _____
 Cardholder's Signature _____
 This is a corporate credit card

GIFT DETAILS

- 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 that WDMH is well-equipped.
 WDMH Digital Mammography Fund WDMH Cancer Care Fund: Because I am grateful for local cancer care services
 WDMH Ophthalmology Fund WDMH CT Scanner Fund WDMH Building and Renovation Fund
 WDMH Diagnostic Imaging Fund: every 10 years or so, our Diagnostic Imaging equipment (Ultrasound, Xray, CT and Mammography) needs to be replaced. Each piece is essential to care close to home as a lot of our patients need some sort of diagnostic scan.
 WDMH Family Birthing Unit Fund Health Care Undesignated Fund: My gift will be used where it is needed most at WDMH and Dundas Manor Long-Term Care Home. Dundas Manor Redevelopment Fund – for a new and vibrant Dundas Manor
 Dundas Manor Activity Fund Dundas Manor General Fund

Donor Initial _____

ACKNOWLEDGMENT INFORMATION (please print)

Person to be remembered/honoured _____
 Please notify _____
 Address _____ City _____ Prov _____ Postal Code _____
 Card Message _____
 From _____
 Provide my address to next of kin / family member: Yes No

OTHER INFORMATION

Please include your *telephone number(s) and / or *email address so that we may contact you should we have questions or concerns when processing your donation and / or issuing your official income tax receipt, if applicable.

Donor address must be complete and legible. Official Income Tax Receipts are not routinely issued to other charitable organizations, foundations, or businesses, but are acknowledged through a Business Receipt (non-official tax receipt).

We do not publish donor names unless we have been provided with written permission to do so.

Charitable Registration number 89282 4368 RR0001.