

### Name on Receipt:

Organization: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: (H) \_\_\_\_\_

Mr.  Mrs.  Mr. & Mrs.  Ms.  Miss

Phone: (B) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Prov: \_\_\_\_\_ PC: \_\_\_\_\_ Email: \_\_\_\_\_

### Gift Amount

- Yes! I'm happy to support the *Close to Home Campaign* with a gift of \$ \_\_\_\_\_
- Enclosed is my initial payment of \$ \_\_\_\_\_, leaving a balance remaining of \$ \_\_\_\_\_
- Payment(s) will begin on \_\_\_\_\_ on a \_\_\_\_\_ basis

### Method of Payment

**By cheque**

*Please make cheques payable to WDMH Foundation.*

**By donation of shares or securities**

Please attach documentation

**Visa**       **MasterCard**

Name on Card \_\_\_\_\_

Credit Card # \_\_\_\_\_

Expiry Date \_\_\_\_\_ (MM/YYYY)

**By pre-authorized payments** from my bank account

*Please attach a void cheque*

Signature \_\_\_\_\_ Date \_\_\_\_\_

- I have recognized WDMH in my will.     You may acknowledge me as a donor but not the gift amount.
- Please keep my gift completely anonymous.     Please contact me regarding recognition opportunities.
- Yes, I'd like to receive periodic information from the Hospital and/or Foundation.

*Thank you for your support of Winchester District Memorial Hospital.*

*Your gift will help ensure that our community is provided with the highest standard of health care, second to none, and **Close to Home**, now and in the future.*



WDMH Foundation  
566 Louise Street  
Winchester, ON K0C 2K0  
(613) 774-2422 x 6161 www.wdmh.on.ca  
Charitable Registration #: 89282 4368 RR0001

