



Expanding the circle
of compassionate care
LET'S BUILD THE NEW DUNDAS MANOR.

Pledge Form

Dundas Manor has been a gift to our community for over 40 years. By choosing to invest in local health care, you are helping to ensure that the staff and volunteers at Dundas Manor can continue to care for our community for many years to come in a new home. Thank you so much for your support!

Donor Name(s) {person(s) or organization who paid for the gift}:

Name: _____ Day Phone: _____

Mr. Mrs. Mr. & Mrs. Dr. Ms. Miss Evening Phone: _____

Address: _____ City: _____

Prov: _____ Postal Code: _____ Email: _____

Gift Amount

Yes! I am proud to support the new Dundas Manor with a pledge of \$ _____

I would like to make an initial payment of \$ _____, leaving a balance of \$ _____.

No, I would prefer not to give an initial payment at this time.

Payment(s) will begin on _____ on a _____ basis
(Date) (Monthly / Quarterly / Annual)
for a period of _____ or until _____ (date).

Method of Payment

By cheque or cash
Please make payable to WDMH Foundation.

By donation of shares or securities
Please contact the Foundation office to discuss.

Visa MasterCard American Express

Name on Card _____

Credit Card No. _____

Expiry Date (MM/YY) CVV# _____ / _____

This is a corporate credit card.

Signature _____ Date _____

Please contact me regarding recognition opportunities.

Yes, I'd like to receive periodic information from the WDMH Foundation regarding the campaign and new home.

WDMH Foundation
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Charitable Registration #: **89282 4368 RR0001**

