

A gift

to the WLMH Foundation  
in your will is a powerful  
way to be remembered.

Your legacy gift will strengthen the future  
of healthcare and benefit family and friends  
living in West Niagara. Please share if:

- You have remembered WLMH Foundation in your will.
- You would like information about donating to WLMH Foundation through your will, beneficiary designation or other legacy gifts.

Thank you

for investing in life and considering including WLMH in your estate plans. When you do, we hope that you will share your decision with us so that we can express our appreciation today.



Life...  
**IS A GIFT...**

**but it's also fragile and complex.**

From a baby's first cry to the tears shed for someone in pain or nearing the end of life, the care at West Lincoln Memorial Hospital has always been unique and personal. Since WLMH opened its doors in 1946, our community has always been our priority. As our community continues to grow and healthcare needs increase, it's time to expand and rebuild our new hospital.

### WILL YOU JOIN US

by donating to build our new community hospital?

### WILL YOU HELP US

ensure that exemplary healthcare is provided right here, close to home?

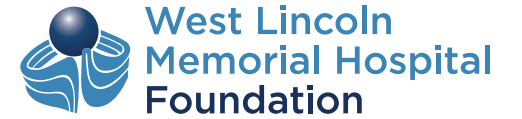


It is the mission of West Lincoln Memorial Hospital Foundation Inc. to develop and cultivate philanthropic opportunities and collaborative relationships to foster medical programs and health services and thus improve the health and well-being of the people in our communities.



Invest in  
Life

**Caring for our Patients**  
in 2022/2023



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# Invest in Life

Investing in the capital needs for the programs and services of West Lincoln Memorial Hospital is critical. Together we can ensure that our medical professionals are equipped with the best tools for the best care possible. Technology advances quickly and it's our goal to stay proficient at keeping equipment up-to-date. You can help strengthen healthcare by equipping it to care for family, friends and neighbours.

**GIVE THE GIFT OF HEALTH...**  
Equipping healthcare for the needs of  
*tomorrow*



For illustrative purposes only



## NEW HOSPITAL

The new hospital building construction will begin this Spring. We are very close to raising the funds needed to fulfill our local share commitment. You can help us achieve our remaining need and help build the new WLMH and *Take it to the Finish!*

**LOCAL SHARE: \$50 Million**

## **EQUIPPING HEALTHCARE** in 2022/23

### CLINICAL SUPPORT

A range of equipment for our laboratory, pharmacy, physiotherapy and occupational therapy services include a microcentrifuge, chairs, stainless steel table and isoflex mattresses for therapeutic needs.

**NEED: \$74,420**

### COMMUNITY MEDICINE

Equipment for inpatient services in wards B and C, and the ICU include beds and mattresses.

**NEED: \$176,300**

### COMMUNITY SURGERY

As surgical services increase varying pieces of equipment will be needed including bed side monitors, oxygenation and blood pressure devices, as well as electronic boards for communications.

**NEED: \$93,743**

### MATERNITY & NEWBORN CARE

Needed are birthing beds, room beds, sleep eez chairs, infusion pumps to run high alert medications, and monitors for heart rate oxygenation and blood pressure, and an electronic board for communications.

**NEED: \$296,421**

### EMERGENCY CARE

Emergency care needs include a panda bed warmer, overbed tables, number system, waiting room and office chairs, a wire cart for medication, tonometer and portable ultrasound.

**NEED: \$130,800**

**Equipment purchased today  
is expected to be moved  
into the new hospital in 2024.**

The Ontario government does not fund equipment needs of hospitals.



Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Province \_\_\_\_\_ PC \_\_\_\_\_  
Email \_\_\_\_\_

### **I/We would like to make a gift of:**

\$75     \$125     \$250  
 \$500     \$1,000     Other: \_\_\_\_\_  
 Monthly     One Time    \$ \_\_\_\_\_

### **I/We would like to prioritize my/our gift as follows:**

1. \_\_\_\_\_ **or**  
2. \_\_\_\_\_ **or**  
3. **In the area most needed.**

### **Method of payment:**

Cheque (please make payable to WLMH Foundation)  
 Credit card:  
 **VISA**     **MasterCard**     **Discover**

Credit Card Number \_\_\_\_\_ Expiry Date \_\_\_\_\_  
Name on Credit Card \_\_\_\_\_ CVV \_\_\_\_\_  
Signature \_\_\_\_\_

We would like to add you to our newsletter distribution list. Please check if you do not wish to receive. You can always unsubscribe.

Donations can be made online at  
[www.wlmhfoundation.ca/donate/](http://www.wlmhfoundation.ca/donate/)



For an easy way to donate  
download the **Bridge App**