

Donor Lists Policy

Department	Finance	Policy No.	FIN-05
Category	Data Management	New	March 6, 2015
Reviewed by	Management Team	Reviewed Reviewed Reviewed	(X) March 6, 2015 (X) November 8, 2022 (X) February 11, 2026
Approved by	Chief Executive Officer	Dates Approved	(X) December 30, 2015 (X) December 30, 2022 (X) April 1, 2026

1.0 Purpose:

Lakeridge Health Foundation (the “**Foundation**”) is committed to preserving donor trust and to safeguard the information provided to us in a responsible manner. We do not rent, trade, or sell our donor lists. The personal information provided to us, is collected and used for the purposes of:

- Processing donations
- Keeping donors informed of our activities, and
- Seeking donor support to improve healthcare in Durham Region

APPENDIX: Sample Donor Appeal Letter

This is a public document in the ‘Accountable to You’ section of the website.

APPENDIX: SAMPLE APPEAL LETTER



[Addressee]
[Address Line 1]
[Address Line 2]
[City, Province PC]

[Date]

Dear [Salutation],

As we reach the mid-point of winter, I'm reminded of the warmth and compassion of donors like you, whose support truly makes a difference for the patients and families who come through the doors of our Hospitals.

Over the past few months, we've been overwhelmed by your generosity and inspired by the stories shared with us by grateful patients, donors, and dedicated staff. We're excited to share these moments with you, too.

Inside our Winter Donor Impact Newsletter, you'll read how the care of a loved one inspired a meaningful holiday gift, how community members across the Region are raising essential funds, and an update on fundraising for the urgently needed CT scanner.

[Your generosity truly means so much to those who rely on Lakeridge Health. If you feel inspired to continue your support of excellent patient care by making a special winter gift today, we've provided a pre-paid envelope for your convenience.]

On behalf of our entire Foundation Board and team, thank you for your generous support and for helping ensure exceptional health care is close to home.

Sincerely,

Yves Gadler
CEO
Lakeridge Health Foundation



YES! I want to support health care in Durham Region:

- \$<DH1>
- \$<DH2>
- \$<DH3>
- Other \$ _____

- I have enclosed my cheque payable to:
Lakeridge Health Foundation
- I prefer to use my credit card:
- VISA MasterCard Amex

E-mail _____

- I wish to **opt-out** of receiving e-communications from LHF.

[Addressee] [RE#][Appeal][Package]
[Address Line 1]
[City], [Province] [Postal Code]

Name on Card _____

Credit Card Number _____ CVV _____

Expiration Date _____ Telephone _____

Cardholder's Signature _____

Privacy Policy: www.lhfoundation.ca
All donations received by Lakeridge Health Foundation support Oshawa and Whitby Hospitals and are greatly appreciated. If you prefer not to be publicly recognized please check here:

- I wish to remain anonymous to the public



Oshawa Site: 1 Hospital Crt, Oshawa, ON L1G 2B9
Whitby Site: 300 Gordon St, Whitby, ON L1N 5T2
T: 905.433.4339 **F:** 905.743.5306
Charitable Registration Number: 11924 9126 RR0001

We're here for you!

We are here and happy to assist you with any questions you may have regarding your donation, your impact on our Hospitals or information about the Foundation in general. We also love hearing what inspires you to support Lakeridge Health Foundation and local health care!

Connect with Leah Pearson today by phone at 905-576-8711 ext. 33139 or by email at lpearson@lh.ca.



Become a Monthly Donor

Supporting Lakeridge Health with a small donation each month is an easy and affordable way to share your generosity throughout the year. With your dedicated support, we can fund priority needs for our Whitby and Oshawa Hospitals.

Monthly donations of your desired amount are automatically deducted from your bank account or credit card once per month, and a single consolidated tax receipt is sent at the beginning of each year outlining your total annual donations to Lakeridge Health Foundation.

Consider joining our monthly donor community today by calling our office at 905-433-4339 or visiting www.LHFoundation.ca.



Your Legacy Matters

While it's impossible to see the future, it's important to plan for how you and your family can make a lasting impact for future generations to come. Leaving a charitable gift in your Will offers you an opportunity to make a difference today – and tomorrow.

At Lakeridge Health Foundation, our charitable giving experts are available to help you find unique and personalized ways to impact future generations in your own community through estate planning, gifts of stock, life insurance and endowment funds.

To learn how you can create a personal and meaningful legacy, call our planned giving expert Adrienne Burns at 905-576-8711 ext. 32784 or visit www.MyLakeridgeLegacy.com.



Monthly Giving Program

The monthly giving program is an easy way for you to make an automatic monthly donation to Lakeridge Health Foundation throughout the year. A specified amount of money authorized by you is automatically deducted from your bank account or credit card.

You will receive a single tax receipt for the total of your monthly donations in February each year. Should you wish to change your donation or cancel it, you can do so at any time by contacting us.

E-mail _____

I wish to **opt-out** of receiving e-communications from Lakeridge Health Foundation.

I understand this agreement may be adjusted or cancelled at any time, subject to 5 business days' notice prior to the next processing date, by contacting Lakeridge Health Foundation at 905-433-4339

Each month I would like to contribute:

- \$10 (32¢ a day) \$15 (48¢ a day) ← *this amount will really help!*
 \$20 (65¢ a day) Other \$ _____

- Please deduct my monthly gift on or around the 1st day of each month.
 Enclosed is a cheque marked 'VOID' for automatic bank withdrawals
 Charge the above amount to: VISA MasterCard Amex

Name on Card _____

Credit Card Number _____

CVV _____

Expiration Date _____

Telephone _____

Cardholder's Signature _____