

## How You Can Be Part Of The Future Of Health Care

- Become a monthly donor
- Plan and make a legacy gift
- Host or attend a fundraising event
- Sponsor a participant or an event
- Donate or bid on a prize
- Donate generously through the year
- Give in someone's memory
- Donate in honour of a special event
- Make a tribute gift to mark a life occasion
- Volunteer your time and skills
- Become a member
- Include a bequest in your Will
- Consider funding an endowment or insurance policy for the future
- Collect and donate L & M stamps

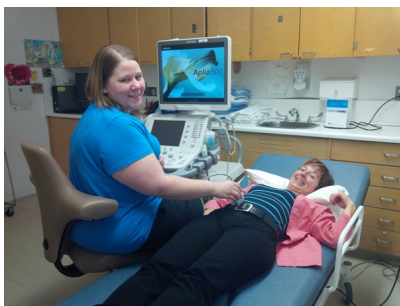
## Quick Durham Hospital Facts

**In 2013-2014**

|                              |         |
|------------------------------|---------|
| Number of Hospital Beds      | 10      |
| Number of Patient Discharges | 368     |
| Patient Days                 | 2,195   |
| Average Stay (in days)       | 5.6     |
| Emergency Department visits  | 9,963   |
| Percentage of Admits from ED | 77%     |
| Ambulatory Care Visits       | 2,450   |
| Radiology Procedures         | 3,470   |
| Ultrasound Procedures        | 1,864   |
| Bone Density Procedures      | 618     |
| Cardio Tests                 | 732     |
| Average Age of Inpatient     | 71      |
| Average Age of ED Patient    | 45      |
| Lab Procedures               | 270,077 |
| Blood Tests on >12 yrs old   | 7,525   |
| <12 yrs old                  | 114     |

Value of having the hospital in Durham....

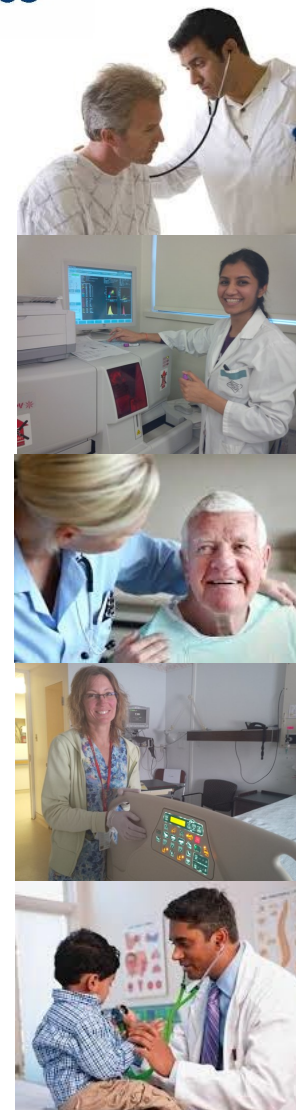
.... Priceless!



**Durham & Community  
Health Care  
Foundation | 365**

**Providing  
support  
for the  
Durham  
Hospital**

**Building  
Healthy  
Communities**



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[www.facebook.com/durhamfoundation](http://www.facebook.com/durhamfoundation)

## Your Foundation – Invest in Life

The Foundation is the philanthropic arm of the Durham Hospital. A Board of Directors, drawn from the community and hospital staff is responsible for policies, operations and fund management.

Each year the Board welcomes new members. Please consider becoming a member and enjoy a voice in health care.

Giving plays an important role in ensuring the quality of health care is available for all residents, today and into the future.

Generous support from the community, patients, staff and friends like you enables the Foundation to direct donations to the Hospital to enhance patient care and improve the quality of life.

### Questions?

If you have any question or comments, please call 519-369-2340 x 5267 or e-mail: [durhamfoundation@sbghe.on.ca](mailto:durhamfoundation@sbghe.on.ca) or visit: [www.durhamfoundation.ca](http://www.durhamfoundation.ca) "Like" us at [www.facebook.com/durhamfoundation](https://www.facebook.com/durhamfoundation)



## DURHAM AND COMMUNITY HEALTH CARE FOUNDATION INC.

The Durham and Community Health Care Foundation is committed to building healthy communities in and around West Grey.

Over the years, the community's generosity has helped enhance the hospital and clinic's ability to deliver top-notch health care.

Since 2005, over \$645,000 has been directed to hospital improvements and medical equipment for the Durham Hospital!


In 2014, the Foundation directed \$122,000 to the Hospital for much-needed laboratory improvements. The Foundation directed funds in 2013 to create a fully accessible public washroom, purchase a new Ultra-sound machine, dishwasher, bed sanitizer and an enhanced HVAC system.

An initiative has been proposed by the Foundation to renovate the Emergency Department, beginning in 2015. Changes would provide an accessible entrance for ambulatory and disabled patients.

This multi-year commitment will ensure that patients receive quality care from the best medical professionals in a modern facility.



**Durham & Community  
Health Care Foundation** **365**

 **Yes! I want to help build a healthy community - 365!**

I would like to give ☐ \$36.50 ☐ \$50 ☐ \$100 ☐ \$200 ☐ \$500 or \$\_\_\_\_\_

☐ I would like information on creating a Legacy Gift ☐ I would like to become a monthly donor

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

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

E-mail: \_\_\_\_\_

Payment by: ☐ Cash ☐ Cheque ☐  ☐  Exp: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name card: \_\_\_\_\_ Card #: \_\_\_\_\_

To support your hospital, please complete and return to:

**DURHAM AND COMMUNITY  
HEALTH CARE FOUNDATION**

P.O. Box 1407  
368 College St N Durham ON N0G 1R0

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