



Summer 2015

Dear Friend,

Today, you and I will share something special...

...about a little baby boy, Nithin, and a family who loves him.

Nithin was diagnosed with a rare genetic disorder called Infantile Systemic Hyalinosis. He was referred to Heart House Hospice so that he and his family could get support on his end of life journey. Most babies with this diagnosis live to eleven months.

Thanks to the volunteers and staff of Heart House Hospice, Nithin and his family are receiving the support they need on this end of life journey. Most important, he will die at home in a circle of love with his family around him.

We exist to help make a meaningful difference in people's end of life experiences. Every individual we help is unique and their support is customized to their unique needs.

Here's something you might not know: Hospice can't survive without your help. That's the plain, unvarnished truth. The kind of hospice care that you find at Heart House Hospice includes so many things are not supported by government funding. One of the biggest myths we need to challenge is that hospice palliative care is fully funded by the government and this is simply not true.

That's why I'm writing, to ask that you give a tax-deductible gift today -- as much as you can afford - to help Heart House Hospice continue its mission.

Your gift goes immediately to work, helping other families cope successfully with the suffering, confusion, doubts and fears that surround a loved one's death.

Every gift is appreciated...and will do real good.



Your gift of \$35 . . . helps feed 15 individuals weekly in our day hospice program.

Your gift of \$50 . . . helps provide transportation to and from Heart House Hospice for individuals with a life threatening illness in our day program.

Your gift of \$100 . . . helps Heart House Hospice to create and print hospice information packages for those we serve for a month.

Your gift of \$250 . . . helps pay for specially trained Coordinator of Bereavement and Spiritual Care in the difficult work of counselling grieving families.

Your gift of \$500 . . . helps underwrite the cost of one family's involvement in 8 weeks of bereavement and grief support . . . where bewildered families who recently lost their mom or spouse can explore their feelings . . . and begin to heal.

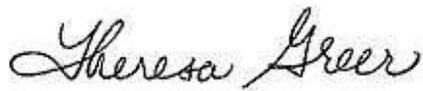
If you believe in Hospice as much as I do, please follow your heart and give with as much generosity as you can manage.

We live in a society that doesn't want to talk about death. People don't want to think it could happen to them.

But it does. For all us, in some way. Loved ones die, and suddenly you don't know what to do.

That's when Heart House Hospice matters most. Please give today.

With my sincere thanks and appreciation,

A handwritten signature in cursive script that reads "Theresa Greer". The ink is dark and the signature is fluid and legible.

Theresa Greer
Executive Director
Heart House Hospice

YES, I will support Heart House Hospice! Please select one of the following options:

Make a One-Time Gift: \$500 \$250 \$100 \$50 \$35 Other \$ _____

Be a monthly supporter by Visa/MC: \$50/month \$25/month \$10/month Other \$ _____/ month

(Monthly donations will be processed on the 15th of each month & can be cancelled at any time)

We DO NOT sell, trade, or share our mailing list. Please check here if we can acknowledge you as a donor in our newsletter and other publications

Method of Payment:

Cheque (payable to Heart House Hospice)
(Please see back for automatic monthly withdrawals)

VISA (please complete card information)

Master Card (please complete card information)

<<c_ID>>

<<c_Mail_Address>>

In memoriam Name: _____

Card Holder Name: _____

Card Number: _____

Expiry Date: _____ Signature: _____

Email: _____

Charitable Registration # 13215 5011 RR 0001
Tax Receipt issued for \$25 & more

Thank You!!!

YES, I will support Heart House Hospice!

For monthly gifts using automatic bank withdrawals only

Please include a VOID cheque and your signature below

Please debit my bank account in the amount of \$: _____/month

Starting Date: _____ Signature: _____

This donation is made on behalf of: an Individual a Business

The debit will be processed to my/our account on the 15th day of each month, or the next business day.

I may revoke my authorization at any time, subject to providing notice of 30 days. To obtain a sample cancellation form, or for more information on my right to cancel a PAD Agreement, I may contact my financial institution or visit www.cdnpay.ca. I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with the PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.



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