



Hospice Orillia  
169 Front St. S.  
Orillia, ON L3V 4S8

*Thank you for being an essential  
part of our journey.  
Together, we will continue to reach  
new heights and touch more lives.*

Dear Friend,

I hope this letter finds you in good health and high spirits. I am writing to you on behalf of Hospice Orillia, a compassionate and dedicated provider of hospice care services in our community.

Our mission is to provide practical, emotional and spiritual support to those in our community coping with advanced illness, death and bereavement. Our volunteers and staff serve clients and their loved ones of all ages and backgrounds with compassion and respect, while honouring their choices and supporting them through their life journey. Over the years, we have been fortunate to have the support of individuals like you who share our commitment to improving the quality of life for those in need within your community.

However, we now find ourselves in need of additional funding to continue our vital work and expand our services. The demand for hospice care and bereavement support in our community is steadily growing, and we are determined to meet this demand with the highest level of care and support.

Your generous contribution can make a significant impact on our ability to provide:

1. **Client Support:** Your funding will directly impact the comprehensive services we offer to our clients, including supportive counselling, companionship, and bereavement support.
2. **Family Support:** We also provide valuable assistance and counselling to the families of our clients, helping them navigate the difficult journey of saying goodbye to their loved ones.
3. **Education and Training:** We continually invest in training our volunteers and staff to ensure they are equipped with the latest knowledge and techniques to provide the best possible care.

We understand that there are many deserving causes competing for your support, but we genuinely believe that hospice care is an essential service that touches the lives of countless families in our community during their most vulnerable moments.

We kindly request your financial contribution to Hospice Orillia to help us continue our mission of providing compassionate and dignified care. ***Your support, no matter the amount, will make a meaningful difference.***

*Please turn over...*

*Thank  
you!*



Volunteer Hours  
Providing Support



Clients Served



98.17% Achieved in  
Reaccreditation for  
2022-2025



New Volunteers



Footprints  
Life Story Books  
Published



New Program: Youth  
Equine Support Group

# From The Heart

The support I received from Hospice Orillia has provided me with the assistance I needed to improve my quality of life. I wish I had known about the services offered earlier in my illness.

~ Cheryl, Client

When I was younger, I watched and listened as my mother-in-law worked for Hospice Orillia. I remember thinking that I could never do that type of work. And now I can't imagine not volunteering here.

My recent experiences in writing life stories for people in palliative care has been thought provoking, memorable and rewarding.

Hospice Orillia is a wonderful organization filled with caring and compassionate people; a great place to volunteer.

~ Terry Lynne J.,  
Volunteer

Time spent with my clients and seeing them smile or chuckle gives in me pure joy and makes the experience most worthwhile!

~ Dave H.,  
Volunteer

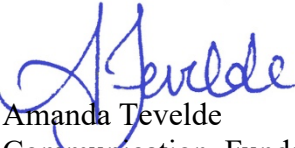
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To make a donation, please visit our website at <https://hospiceorillia.ca> or send your contribution using the form below. If you would like to make a donation through e-transfer please contact me via email at [amanda@hospiceorillia.ca](mailto:amanda@hospiceorillia.ca) for instructions.

We deeply appreciate your consideration of our request for support. Your generosity will enable us to continue offering comfort and solace to those in need during their most challenging moments. If you have any questions or would like to discuss potential partnerships or specific projects, please do not hesitate to contact me directly at (705) 325-0505 ext. 207 or [amanda@hospiceorillia.ca](mailto:amanda@hospiceorillia.ca).

Thank you for your time, your compassion, and your potential support.

Warm regards,



Amanda Tevelde  
Communication, Fundraising and Community Relations Specialist  
Hospice Orillia  
Website: <https://hospiceorillia.ca>  
Email: [amanda@hospiceorillia.ca](mailto:amanda@hospiceorillia.ca)  
Phone: (705) 325-0505 Ext. 207

*P.S. - Have you had a chance to view our online **Tree of Life**? Your support has been instrumental in nurturing the growth of our cause, and we want to express our heartfelt gratitude for your generous contributions.*

*The Tree of Life represents more than just names; it signifies our community members' roles as a cornerstone in our mission. It's a testament to your belief in our cause and your dedication to making a positive change in the world.*

*Your continued support enables us to provide practical, emotional and spiritual support to those in our community coping with advanced illness, death and bereavement and we are deeply thankful for your commitment to our shared vision. With your support, we can continue to reach new heights and touch more lives. If you would like more information on how to secure a space on the Tree of Life, please reach out!*

*P.P.S. – You are welcome to pass along this appeal to your friends and family! The adage 'more hands make fundraising easier' is equally valid here. The more we spread the word about our funding requirements, the greater impact it has on the amount of funds we gather and the number of individuals we can assist in our community.*



## Donation Slip

Thank you for your support!

Please return form to: Hospice Orillia, 169 Front St. S., Orillia, ON L3V 4S8



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

Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ PC: \_\_\_\_\_



### I would like to give a gift of:

One-time Donation	\$50 <input type="checkbox"/>	\$50 <input type="checkbox"/>	\$100 <input type="checkbox"/>	\$250 <input type="checkbox"/>	Other \$_____
Monthly Giving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$_____

In honour/memory of: \_\_\_\_\_

To make a donation online, please visit: <https://hospiceorillia.ca/donate> or scan QR Code.  
Tax receipts are automatically issued for donations of \$20.00 or more.

Hospice Orillia is a program of the North Simcoe Muskoka Hospice Palliative Care Network.  
169 Front St. S., Orillia, ON L3V 4S8 NSMHPCN Registered Charity Number: 135837748RR0001

Method of payment: ☐ CHEQUE ☐ CREDIT CARD

Mail cheque to: Hospice Orillia - 169 Front Street South, Orillia, ON. L3V 4S8

Please make cheque payable to HOSPICE ORILLIA

To donate by credit card: ☐ VISA ☐ MASTER CARD

Name on Card: \_\_\_\_\_

Card #: \_\_\_\_\_

Expiry (mm/yy): \_\_\_\_\_ CVV: \_\_\_\_\_

Signature: \_\_\_\_\_

Phone #: \_\_\_\_\_