

## **PATRON PROGRAM**

### **Our Mission**

## **DELIVERING COMPASSIONATE CARE FOR THE DYING AND BEREAVED**

### **What is Hospice?**

It is the concept of patient centered compassionate care available to those with life-limiting illnesses. It also provides emotional support to their family and friends and grief support following their loss. Since 1986, Shuswap Hospice Society has provided such care to Shuswap residents. We are a part of multi-disciplinary team providing end of life care, which is comprised of doctors, nurses, social workers, spiritual advisors and others. The aim and focus is not on dying, but rather in living as fully and well as possible.

### **Why should I care?**

It could be you or I, or your loved one who could benefit by Hospice Care. Hospice strives to improve quality of life at the end of life, not only for patients, but also for their family and friends.

### **What Can I do?**

#### **Become a Volunteer!**

Much of the tender loving care provided for clients and families in those final days is provided by volunteers trained according to the standards set by the BC Hospice Palliative Care Association and the Canadian Hospice Palliative Care Association. All who are interested in becoming a volunteer are welcomed to share their time, compassion and caring attitude.

#### **Become a Patron!**

Hospice has approved the establishment of a 'Patron' Program to facilitate a simple way that you and I can contribute to the caring Society. Hospice in the Shuswap receives some support from various funding agencies in our region, all of whom recognize the value of the Hospice Society efforts in our communities. But! The need is great with many programs and services needed for a growing number of people and their families. Despite the generous gifts from grateful folks, there exists a pressing need for additional resources to support on-going and dedicated programs to help realize the purposes and goals of the Shuswap Hospice Society. Programs to serve our friends, our neighbors and one day, possibly ourselves in a time of need.

#### **Purpose:**

This Patrons Program is established to provide continuing operating financial support to the Societies palliative programs. This support is in addition to any support received from funding authorities and public donations to the cause. With our new expanded office location we will begin operating our Hospice Respite Day Centre initiating in the fall of 2016. Your support will enable our programming to expand and provide continuous offerings year round.

## Shuswap Hospice Society PATRON PROGRAM

### How do I become a Patron?

You can choose to be a Patron in the categories listed below. Patrons will commit to support the program through regular monthly contributions via our website Canada Helps.org link or through our office. Commitments of support can be for a one year term or longer, renewable after each year. Interruption of the commitment may occur by notification to the Program by the Patron. CRA Tax Receipts will be issued annually.

Categories:	Monthly Contribution	Annual Contribution/Accumulation
Platinum Patron	\$100.00 or greater	
Gold Patron	\$75.00	\$900.00
Silver Patron	\$50.00	\$600.00
Bronze Patron	\$25.00	\$300.00

Contributions will be made on a preauthorized system through the Canada Helps.org link on our website. Patrons will be recognized in the community through publications annually in the newspaper and through our newsletters. We will publish the names continuously in our website and update through Facebook. In our new location, we will create a wall of honorarium showcasing our generous donors and supporters.

Everyone benefits.

**Patrons:**

Personal Satisfaction, Community Recognition and a Tax Benefit

**Clients:**

Enhanced support services and programming

**Hospice:**

Continued community support through New Patron friends

**Thank you for your thoughtful and valued support to the Shuswap Hospice Society**

<b>Patron Program Pledge Amount</b>		
<b>I pledge:</b>		
<input type="checkbox"/> \$100.00 or greater ( ) \$ _____ .00		
<input type="checkbox"/> \$75.00		
<input type="checkbox"/> \$50.00		
<input type="checkbox"/> \$25.00 / month over the next ( ) years		
<input type="checkbox"/> Annual contribution of (\$ _____ ) for next ( ) years		
<b>I authorize this amount to be charged to my Credit card ( ) Visa, ( ) MC each month</b>		
_____/_____/_____ Number	_____/_____ Expiry Date	_____ Security #
_____ Signature		_____ Date