

Your Participation

Your gift is recognized on our Donor Wall, located in LakeWood Health Center's waiting area. Donations are recognized at various levels starting at \$250.00.

Send your tax-deductible donation to:

LakeWood Regional Healthcare Foundation
600 Main Avenue South
Baudette, MN 56623
Attn: Ambulance Service

A donation card is available within our brochure for your convenience. If you have any questions, we welcome the opportunity to visit with you.



To learn more about this project, please contact LakeWood Regional Healthcare Foundation Chairperson Tom Mio at 634-3447, Ambulance Director Jason Breuer at 634-3481, or LakeWood at (218) 634-2120 or (800) 245-9483.

Contributions are deductible for federal income tax purposes to the fullest extent and under the conditions allowed by the existing law.

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*Lake of the Woods
Ambulance Service
invite YOU to join
the Capital Campaign
to purchase a Type 2
Patient Transporter*



*Your donation will support
more comfortable patient transports
as well as improved fuel efficiency and
extended life for existing ambulances.*

LakeWood Regional Healthcare Foundation
600 Main Avenue South
Baudette, MN 56623 (218) 634-3447

*Thank you for supporting this
Healthier Community project.*

LakeWood Regional Healthcare Foundation & Lake of the Woods Ambulance Service

Introducing this Capital Campaign

LakeWood Regional Healthcare Foundation has partnered with the Lake of the Woods Ambulance Service to launch an \$83,000 Capital Campaign to purchase a new Type 2 Patient Transport Vehicle.

Lake of the Woods Ambulance Service

The management and ownership of the Ambulance Service was transferred from Lake of the Woods County to LakeWood Health Center in 1996. The Ambulance Service is a critical aspect of patient care for residents of Lake of the Woods County as well as the adjoining counties of Beltrami and Koochiching, providing transport of patients to a variety of healthcare facilities outside the respective county. Dedicated Emergency Management Technicians (EMTs) volunteer their time to support the county's emergency medical system in Lake of the Woods.

Current Ambulance Stats

24% of ambulance calls were for patient transfers out of the county to a higher level of care

Shortest transfer distance = 120 miles round trip

Longest transfer distance = 850 miles round trip

Average distance/transfer = 350 miles round trip

The Ambulance Service currently has three Type 3 vehicles: 1991, 1996, and 2002 models.

Lowest mileage = 2002 model with 92,827 miles

Average mileage for three = 112,000/vehicle

Most out-of-area transfers use 2002 model

Type 2 Patient Transport Unit

The goal of the Ambulance Service is to provide safe, comfortable, and efficient transport of patients locally and to other facilities in the region. The Type 2 vehicle promotes more comfortable care than the current rigs, while respecting good stewardship of resources.

- Compared to a new Type 3 vehicle at \$130,000, the cost of a new Type 2 patient transporter is \$83,000.
- The Type 2 is fully functional to promote the same level of response and functional capabilities.
- The Type 2 unit has a suspension that allows for a smooth, comfortable patient ride.
- The Type 2 is fuel efficient with an impressive 20 miles to the gallon; the Type 3 vehicle averages 12 miles per gallon.
- This increased fuel efficiency could provide an annual fuel cost savings of \$1,470 a year (based on average usage of 612 gallons of fuel at \$2.40/gallon).
- The purchase of a Type 2 transporter would allow the use of the 2002 and 1996 models to be limited to local transports of less than 30 miles, thus extending the life of these units.



LAKEWOOD REGIONAL HEALTHCARE FOUNDATION DONATION CARD

I/We would like to show my/our support with a donation of \$_____. (Please make check payable to: LAKEWOOD REGIONAL HEALTHCARE FOUNDATION, *earmarked "Ambulance Service."*)

My full donation is enclosed.

I/We pledge this amount. I/We will send quarterly donations over the next 12 months.

Credit card payments are accepted. Please provide the following information:

Credit Card # _____

Expiration Date: _____

Full Name & Phone Number (please print): _____

Signature: _____

Tribute information (optional):

In loving memory of: _____ *In honor of:* _____

For donations totaling \$250 or more, please provide the name as it should appear on our donor recognition materials (please print): _____

I/We wish to remain anonymous.

Contributions are deductible from Federal Income Taxes to the fullest allowed extent by Law

working together to support a healthier community