

Karen J. Wiederkehr MEMORIAL FUND

Fund Background

The Karen J. Wiederkehr Memorial Fund was created in October 2000 in memory of Karen Wiederkehr, a Yukon resident who died of breast cancer at the age of 37 following months of medical appointments, hospitalizations, surgeries, radiation and chemotherapy. Karen left behind a young son and a devoted husband.

Karen was the inspiration behind **Karen's Room**, the chemotherapy suite at the Whitehorse General Hospital. She wanted to leave a legacy that would provide chemo patients and their families a quiet, comfortable dedicated place for chemo treatments. Karen's husband Jack, made her legacy come true with the creation of **Karen's Room**.

Karen's other wish was to provide financial assistance to women who were experiencing financial demands while undergoing treatment for breast cancer.

Available Funds

A one time donation of \$1000 per patient.

Eligibility Criteria

Recently diagnosed patients with breast cancer who are residents of Yukon (including Atlin and Lower Post, BC) who receive chemotherapy at the Whitehorse General Hospital, or who are required to travel outside of the Yukon for medical appointments, treatments or care.

Application Process

Email request (preferred), completion of the **Karen W. Memorial Fund Application Form** (see below), or by written request by self, family member or third party.

Contact information required – name, address, phone number, and Dr's name.

Email request should be sent to:

finance@wgh.yk.ca

or:

Mail written request to:

Karen W. Memorial Fund

Finance Department

C/O Whitehorse General Hospital

#5 Hospital Road

Whitehorse, Yukon

Y1A 3H7

For questions, please call 867-393-8752

Requests will be reviewed upon receipt by the Funding Approval Committee.

Based on availability of funding, decisions are generally made within one week of receipt of the email or written request. A cheque will be mailed directly to the recipient within five business days by the Finance Manager at the Whitehorse General Hospital.

Karen J. Weiderkehr Memorial Fund Application Form

Name: _____

Mailing Address: _____

Phone Number: _____

Dr's Name: _____

Brochure produced with
funds for Run for Mom



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