



**Canadian Hospice Palliative Care Association**

**Association canadienne de soins palliatifs**

**Quality Hospice Palliative Care – Together we can make a difference!**

**I want to make a donation in memory of a loved one. Here is my donation ...**

**I am enclosing a one-time donation of:**

- \$100
- \$75
- \$50
- \$45
- Other \_\_\_\_\_

**Method of Payment:**

- Cheque (Please make cheque payable to Canadian Hospice Palliative Care Association)
- Credit Card (Please complete credit card information below.)

**Credit Card Information:**

VISA       MasterCard

Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Name as it appears on the Card: \_\_\_\_\_

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

This donation is in memory of \_\_\_\_\_.

Please send an acknowledgement of this donation to:  
(Please enter the name and address of the person(s) you would like an acknowledgement sent to.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**My contact information for receipt purposes:**

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

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

Suite: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Fax to: 613-241-3986**

or mail to:

**Canadian Hospice Palliative Care Association**  
**Annex D, Saint-Vincent Hospital,**  
**60 Cambridge Street North, Ottawa, ON K1R 7A5**

Unless otherwise requested, income tax receipts are issues for donations of \$10 or more.  
 Charitable Registration Number: 13760 4195 RR 0001