



# 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 celebration! 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.)

<p><b>Credit Card Information:</b></p> <p><input type="radio"/> VISA      <input type="radio"/> MasterCard</p> <p>Card Number: _____</p> <p>Expiry Date: _____ CVV# _____</p> <p>Name as it appears on the Card: _____</p> <p>Signature: _____</p>
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<p>This donation is in celebration of _____.</p> <p>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.)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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**My contact information for receipt purposes:**

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

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

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

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

**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