



# Canadian Hospice Palliative Care Association

## Association canadienne de soins palliatifs

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

**YES! I want to support quality end-of-life care for my family and myself. 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: \_\_\_\_\_ CVV# \_\_\_\_\_

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

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

**Contact information for receipt purposes:**

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

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

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

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

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

E-mail: \_\_\_\_\_

**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 issued for donations of \$10 or more.  
Charitable Registration Number: 13760 4195 RR 0001