



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: _____ CVV# _____

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: _____

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