



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: _____

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Name as it appears on the Card: _____

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Contact information for receipt purposes:

Name: _____

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Mail to:

**Canadian Hospice Palliative Care Association
M332 – 1554 Carling Avenue, Ottawa, ON K1Z 7M4**

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