



I would like to assist Hospice Niagara with my pledge:

Name: _____

Address: _____

City / Postal Code: _____

Phone: _____

Email: _____

How should your name appear on acknowledgements?

Would you like to receive our newsletter? YES NO

Amount of Donation: \$ _____

Cheque (*Payable to Hospice Niagara*) VISA

MASTERCARD Online Pledge (*www.hospiceniagara.ca*)

Card# _____ Exp. _____ / _____

Signature: _____

May you find comfort in the knowledge that this gift
will help to bring dignity to those at end-of-life.

403 Ontario Street, Unit 2
St. Catharines, ON., L2N 1L5
905.984.8766

www.hospiceniagara.ca

Tax receipts are issued for donations of \$10 or more. Charitable Reigstration#: 89971 6294 RR0001