



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](http://www.hospiceniagara.ca)

Tax receipts are issued for donations of \$10 or more.    Charitable Registration#: 899741 6294 RR0001