

I/we would like to make every day count...

My/our chosen day would be: _____

This date is meaningful because: _____

This gift is in memory of in honour of:

I/we will commit to this date for subsequent years

I/we would like to contribute the following:

Pay for one day, for one resident room \$350

Pay for one day, for all eight resident rooms \$2,800

A one-time donation in the amount of: \$ _____

Tax receipts issued for donations of \$20+

Donor Name: _____

Address: _____

Prov: Code: _____

Phone: _____

Email: _____

Payment by credit card Visa Mastercard

Card # _____

Expiry / CVV _____

Payment by cheque Please make cheque payable to
Stratford Perth Hospice Foundation

Please mail this form with payment to:

Stratford Perth Hospice Foundation

80 Greenwood Drive, Stratford, ON N5A 0J1

Donations can be made securely on our website at **rotaryhospice.ca**

For more information about donations contact

Lucie Stuart, Fund Development Manager

t 519.508.4900 x720 **c** 226.751.2468

e lucie@rotaryhospice.ca

