



DONATION CARD

Thank you for your support of Hospice Renfrew.

DONOR INFORMATION:

Name: _____

EMAIL ADDRESS: _____

Mailing Address: _____

City: _____ Prov.: _____

Postal Code: _____ Phone: _____

AMOUNT OF DONATION: _____

METHOD OF PAYMENT: CHEQUE CASH

DONATION IS GIVEN:

a. In memory of _____

b. Other: _____

If you would like the family notified of your gift, please fill in their complete address.

Name: _____

Address: _____

City: _____ Prov.: _____ Postal Code: _____

Cheques should be made payable to **Hospice Renfrew Inc.**
459 Albert Street, Renfrew, ON K7V 1V8

A charitable tax receipt will be emailed/mailed to you within 8 weeks.
Charitable Registration #86405 8839 RR0001