



In Memoriam Donation

Donor Contact Information

TITLE	FIRST NAME	LAST NAME
STREET		CITY
PROVINCE/STATE	COUNTRY	POSTAL/ZIP CODE
PHONE NUMBER	EMAIL	

Donation Details

I would like to make a donation in memory of:

Amount: \$_____ Please send me a receipt by: _____Mail _____Email

Acknowledgement Card

Please send acknowledgement card to:

TITLE	RECIPIENT'S FIRST NAME	RECIPIENT'S LAST NAME
RECIPIENT'S STREET		RECIPIENT'S CITY
RECIPIENT'S PROVINCE/STATE	RECIPIENT'S COUNTRY	RECIPIENT'S POSTAL/ZIP CODE

Please include a special message:

Please send completed form and cheque, payable to Hospice Northwest, to:

Hospice Northwest
63 Carrie Street
Thunder Bay, ON P7A 4J2

Please note that the information we collect on this form is confidential. We may, from time to time, keep you informed about our activities.

If you prefer that we not contact you in future, please indicate so here. _____

Charitable Registration #11887-1011-RR001