



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
Or call us at (807) 626-5570 to make your donation by credit card**

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