



YES, I want to help Lisaard and Innisfree Hospice care for patients and families



Mr. / Mrs. / Ms. _____

Address _____

City _____ Prov _____ PC _____ Country _____

Phone (home) _____ (business) _____ (cell) _____

Email _____

MONTHLY DONATION

I'd like my donation directed to:

- Lisaard House Innisfree House Greatest need

Choose your method of payment:

- Chequing account (I've enclosed a void cheque)

Credit Card: Visa MasterCard Amex

At the beginning of every month, the amount you choose will be automatically drawn from your chequing account or credit card. You will receive a consolidated receipt at the end of every calendar year. You can cancel or change your support at any time.

I'd like to make a monthly donation of:

- \$25 \$15 \$10 \$5 Other \$ _____

Credit Card Number _____

Expiry Date _____ CVV _____

Signature _____

SINGLE DONATION

I'd like my donation directed to:

- Lisaard House Innisfree House Greatest need

Choose your method of payment:

- Cheque Cash

Credit Card: Visa MasterCard Amex

I'd like to make a single donation of: \$ _____

Credit Card Number _____

Expiry Date _____ CVV _____

Signature _____

- I would like my donation to remain private.

FUND A DAY

I'd like my donation directed to:

- Lisaard House Innisfree House

Choose your method of payment:

- Cheque Cash

Credit Card: Visa MasterCard Amex

I'd like to FUND A DAY: \$2,500

In memory of _____ Date requested _____

Credit Card Number _____

Expiry Date _____ CVV _____

Signature _____

Please take a moment and verify that all your information is correct. Tax receipts are issued according to Canada Revenue Agency guidelines. Charitable No. 872749536 RR0001

I would like to make my gift in memory of: _____

Please notify their next-of-kin of my gift (must provide complete address of NOK)

Name of next-of-kin: _____ Relationship to deceased: _____

Address of next-of-kin: _____

Please **return this form** with your donation to:

Lisaard and Innisfree Hospice, 2375 Homer Watson Blvd., Kitchener ON N2P 0E9

Lisaard and Innisfree Hospice respects your privacy and never sells, trades, or exchanges donor names or personal information. The information collected here will be used to process your gift and issue a receipt, provide you with additional information about our work and request support from you to further our mission. If you do not wish your name to be used for one or all of these activities, check here or call 519-208-5055 ext. 255.

Thank you for your support! For more information, please contact us at 519-208-5055 or admin@lisaardandinnisfree.com