



PLEASE COMPLETE AND MAIL TO:
Huron Hospice Volunteer Service
98 Shipley Street
Clinton, ON N0M 1L0
Tel: 519-482-3440 Ext. 6300
e-mail: huronhospice@tcc.on.ca

We are a Charitable, Non-Profit Organization
WE WELCOME CONTRIBUTIONS

*that enable our volunteers to receive ongoing training and that enable
our agency to provide enhanced programs and increased service.*

YOUR SUPPORT

*ensures that Huron Hospice Volunteer Service can continue
meeting needs in our communities.*

YOU CAN GIVE

*In two ways: to support **our work**,
IN MEMORY OF or,
IN HONOUR OF a particular individual.*

AMOUNT: \$_____

Donor Name: _____

Address: _____

Town: _____

Postal Code: _____

e-mail: _____

Telephone: _____

In Memory of: _____

In Honour of: _____

Charitable # 89004 0173 RR0001. Income Tax receipts are issued for donations of \$10 or more.
Donations of \$1000 or more are publicly acknowledged.

To help our ongoing fundraising efforts, we retain donor information on file. We value your
Support and want to keep you informed about programs and special events.

If you would prefer not to be on our mailing lists, please check here

If you wish your donation to remain anonymous, please check here

THANK YOU FOR YOUR GENEROSITY!