



DONATION FORM

A wonderful way to remember a family member, loved one or friend is through a memorial donation or to commemorate a special occasion. Your gift will help bring dignity and quality of life to all the people we care for through the Niagara-on-the-Lake Community Palliative Care Service.

I/We would like to donate \$_____ to the Niagara-on-the-Lake Community Palliative Care Service.

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Email: _____ Date: _____

I/We give permission to be contacted by email by NOTL Community Palliative Care Service.

This donation is in memory of (name): _____

This donation is to commemorate a special occasion:
Name of person(s): _____ Occasion: _____
Address of person: _____

PAYMENT OPTION

Cheque (enclosed) made payable to:

Niagara-on-the-Lake Community Palliative Care Service

Please mail cheque and form to:

Niagara-on-the-Lake Community Palliative Care Service
Box 130,
Niagara-on-the-Lake, ON
L0S 1J0

Thank you for your generous support!

Tax receipts are issued for donations of \$20 or more.

Charitable Registration #BN:11905-7446-RR0001

120 Byron Street, Box 130, Niagara-on-the-Lake, ON L0S1J0

Phone 905-468-4433 Fax 905-468-7149 email notlpc@bellnet.ca website www.notlpc.com