

Hospice Quinte Donation Form



I would like to help Hospice Quinte with
my donation of \$ _____

I have enclosed a cheque (payable to **Hospice Quinte**),
or
please charge to VISA/Master Card/American Express (*choose one*)

Name as Printed on Card _____

Card # _____ Expiry _____

Cardholder's Signature _____

Name: _____

Address: _____ Apt/Suite: _____

City: _____

Postal Code: _____

Residence Phone: _____

Business Phone (if applicable): _____

Please make cheques payable to: Hospice Quinte
Donations are tax deductible and receipts will be supplied

Charitable Registration No. 11911-4452 RR0001

Hospice Quinte
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