Résidence
de soins palliatifs
de l'Ouest-de-l'Île

West Island
Palliative Care
Residence

I would like to donate $ _____

Name: _____

Address: _____

City: _____

Prov: _____ Postal Code: _____

Tel: _____ Cell: _____

Email: _____

My gift is in memory of

_____

Please inform:

Name: _____

Address: _____

City: _____

Prov: _____ Postal Code: _____

I wish to become a monthly donor

☐ $10 ☐ $20 ☐ $30 ☐ Other $ _____

Methods of Payment

☐ Cheque (payable to The West Island Palliative Care Residence Foundation)

☐ On-line: PalliativeCareResidence.com

☐ Visa ☐ Mastercard

Card Number: _____

Expiry Date: _____

Name of Cardholder: _____

Signature: _____

265 André-Brunet, Kirkland (QC) H9H 3R4
514 693-1718 PalliativeCareResidence.com

Charitable N° 86244 4908 RR0001

Receipts will be issued for donations of $20 and more or upon request