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Tel: 905.387.2448
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Registered Charitable # 134922392RR0001

Yes,

I am pleased to help support the Dr. Bob Kemp Hospice with my gift of:

\$ _____

OR

I would like to share with a regular donation of: \$ _____ to be paid:

Monthly Quarterly Semi-Annually Annually

Start Date: (month) _____ End Date: (month) _____

Gift Designation: _____

Donor Name: Mr. Mrs. Ms. Dr. _____

Street Address: _____

City, Province, Postal Code: _____

Telephone Number: _____ Ext.: _____ Email: _____

I wish my gift to be anonymous or in recognition of: _____
(Type of Occasion)

To Honour: (Name) _____

Please Notify: _____
Name Street Address City Postal Code

Method of Payment:

Cheque
 Automatic Bank Withdrawal (please attach VOID cheque)
 VISA Mastercard Card # _____ Exp.: mm/yy _____

Gift to be used at the discretion of the Dr. Bob Kemp Hospice or directed to the following:

(please sign and date this pledge form)

Signature of Donor

DD/MM/YY

Thank you for your compassion and caring!

The Dr. Bob Kemp Hospice is committed to protecting your personal information. We do not share, rent, trade or sell any information collected. Personal information collected may be used to conduct fundraising and donor relation activities in support of the Dr. Bob Kemp Hospice and/or the Centre for Hospice Palliative Care. If, at any time, you wish to be removed from our list, please contact the Hospice at 905.387.2448 or by email at kemp.hospice@kemphospice.org.