



Yes, I want to help Bruce Peninsula Hospice assist people and their families.

Please find enclosed my gift of \$ _____

Mr. /Mrs./ Ms. _____

Address _____

City _____ Prov. _____ Postal Code _____

Phone _____ Email _____

I would like my gift to be in memory of: _____

(Please note on reverse name and address of next of kin that you would like notified and their relationship to deceased)

I would like my gift to be anonymous.

Charitable Registration Number: 82244 9526 RR0001

I have named **Bruce Peninsula Hospice Inc.** in my will.

Volunteers assisting those with life limiting illnesses

Thank you!

[Type text]

[Type text]

[Type text]

[Type text]

[Type text]

[Type text]