



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

Bruce Peninsula Hospice Inc.
369 Mary Street
Wiarton, ON N0H 2T0
519 - 534 - 1260 Ext. 5612
www.bphospice.ca



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!