



Palliative Care ... It's all about living

Yes, I/we will help individuals living with a life threatening illness, their families and caregivers!

Name: _____

Company Name (if applicable): _____

Contact Person (if different than above): _____

Address: _____

City/Province: _____ Postal Code: _____

Phone: _____ Fax: _____

Diamond Sponsor – a gift of \$10,000 or more

Emerald Sponsor – a gift of \$5,000 or more

Platinum Sponsor - a gift of \$1,000 or more

Gold Sponsor - a gift of \$500 or more

Silver Sponsor - a gift of \$250 or more

Bronze Sponsor - a gift of \$100 or more

Friends - a gift of under \$100

Silent Auction Item, Balloon POP Item or a Prize Item for an Event**

Memorial Donation - *In memory of* _____

In honour of _____

Please make your cheque payable to *Palliative Care Network for York Region* or charge my donation to my VISA or MasterCard:

Amount: _____ Card # _____ Expiry Date: _____

Cash Donations will be given a tax receipt for value. Gifts in Kind will be given Tax Receipts for the Fair Market Value **Tax Receipts cannot be given for Gift Certificates

Please mail, fax or drop off Donation form to:

PalCare Network for York Region,

194 Eagle Street, Newmarket, ON L3Y 1J6

Fax: 905-895-0910 ❖ Phone: 905-895-3628 Ext. 270

Email: sarah@palcarenetwork.org