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Yes! I wish to make my voice heard!

I would like to make a special **one-time donation** of:

\$500.00 \$250.00 \$50.00 My Choice \$ _____

I would like to make a **monthly donation** of:

\$210.00 \$85.00 \$25.00 My Choice \$ _____

Monthly donations can be made by providing credit card information below or by providing us with a cheque marked 'Void'.

Other Resources (Please send me the following):

Advance Care Planning Kit
(free with membership or equivalent donation)

eBulletin Subscription
(free, please provide email address below)

Other: _____

Mr. Ms. Mrs. Dr. Other _____

Name: _____

Address: _____

City: _____ **Province:** _____ **Postal Code:** _____

Phone Number: _____ **E-mail:** _____

For recognition purposes:

Please display my name as: _____

I prefer to remain anonymous

Be a leader for choice!
Join our Giving Circles*:

\$250 - \$499
Circle of Support

\$500 - \$999
Circle of Hope

\$1,000 - \$2,499
Circle of Compassion

\$2,500 - \$4,999
Circle of Choice

\$5,000 and over
Circle of Justice

*Circle Membership is determined by total annual donations.

Payment Information
Total Payment: \$ _____ paid by: Cheque VISA MasterCard
(payable to Dying With Dignity)
Credit Card Number: _____ Expiry Date: _____
Name on Credit Card: _____ Signature: _____
Return to Dying With Dignity via mail, fax or email for immediate processing.