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### Count me in! I want to join Dying With Dignity!

- \$40 Individual Membership
- \$55 Family Membership
- \$15 Student Membership
- \$75 Organizational Membership
- \$500 Individual Lifetime Membership
- \_\_\_\_ Pay What You Can - Compassionate Membership

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

- \$500.00
- \$250.00
- \$50.00
- My Choice \$ \_\_\_\_\_

### 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: \_\_\_\_\_

How did you hear about Dying With Dignity: \_\_\_\_\_

- 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

\*Giving 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.