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Count me in! I want to renew my membership!

- \$50 Individual Membership
- \$75 Family Membership
- \$20 Student Membership
- \$100 Organizational Membership
- \$750 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 \$ _____

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

*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.