



Lisaard House / Innisfree House

Two Residential Hospice Locations Serving Waterloo Region

990 Speedsville Rd Cambridge ON N3H 4R6 / 2375 Homer Watson Blvd Kitchener ON N2P 0E9
519-650-1121 ext 219 Confidential Fax 519-650-8058
www.lisaardhouse.com

Donation Form (Please Print)

Today's Date: _____

Donor Name: _____

Address: _____

City, Province, Postal: _____

Phone: _____ Email: _____

Direct Donation to: **Lisaard House** **Innisfree House** **Where needed most**

Donation amount: **\$50** **\$100** other \$ _____ **Donate a Day \$2500**

Donation method: cash chq Visa MasterCard AMEX

Card number: _____ Expiry: _____ CVV _____

Cardholder name/signature: _____

This gift is in:

Memory of: _____

or

Celebration of: _____

If this is a Donate a Day (minimum donation of \$2500):

Chosen Date: _____

This date is meaningful because: _____

Please send an acknowledgment to:

Name: _____

Address: _____

City, Province, Postal: _____

Date sent: _____

Receipts are issued for donations of \$20 or more. Please allow 4-6 weeks for receipt.

Charitable Registration No. 872749536RR0001