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SPONSOR A DAY AT DOANE FORM

*Your financial contribution provides vital support for
compassionate hospice care in our community.*

Organization/Person in whose memory/honour/appreciation the sponsorship is being made and whose name will be acknowledged for that day(s):

Name: _____

Please indicate if you would like the sponsorship to remain anonymous: _____

Please list date(s) to be sponsored: _____

Sponsorship Information

Name: _____

Organization (if applicable): _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____

Home

Business

Amount: \$ _____ Email Address: _____

Please select one: Visa MasterCard Cheque payable to Doane House Hospice

Receipt made out to (if different than above): _____

Credit Card #: _____ Expiry Date: ____/____

Signature: _____ Date: _____

- I agree that Doane House Hospice may include my name in their newsletter and/or on our website
 I would prefer to remain anonymous