



Lisaard House

A Residential Cancer Hospice for Waterloo Region

990 Speedsville Rd Cambridge ON N3H 4R6

519-650-1121 ext 5 Confidential Fax 519-650-8058

www.lisaardhouse.com

Donation Form

Today's Date: _____

Donor Name: _____

Address: _____

City/Province: _____

Postal Code: _____

\$100 \$50 \$25 \$ Other

In Memory of: _____

or

In Celebration of: _____

Donate A Day of Operating Costs (minimum \$1,850)

Chosen Date: _____

This Day is Meaningful Because: _____

In Memory of: _____

or

In Celebration of: _____

Enclosed is my cheque payable to **Lisaard House**

I prefer to charge my gift of \$ _____ to:

VISA MASTERCARD AMEX

Card No: _____

Expiry: _____ Phone No. _____

Cardholder Name: _____

Signature: _____

E-mail: _____

*Receipts are issued for donations of \$20 or more
Please allow 4 to 6 weeks for receipt.
Charitable Registration No. 87274 9536 RR0001*