



4F – 4101 Dewdney Avenue
Regina, SK S4T 1A5
306-766-2300
www.rpci.org.

YES, I want to help RPCI support palliative care and bereavement programs for people faced with illness, death and grief.

Name: _____
Address: _____
City: _____ Province: _____ Postal Code: _____
Telephone: _____ Other: _____
E-Mail: _____

Method of payment:

Cheque – (please make cheque payable to Regina Palliative Care Inc.)
 Cash
 Gift of Securities
 Charge my gift to: Visa MasterCard
Card Number: _____ Expiry Date: _____

Terms of Payment (please check one)

Payment in Full Installments
From (date) _____

I/We pledge

Donation Amount \$ _____ One Time Gift
 Monthly for _____ years
 Annually for _____ years
 I authorize Regina Palliative Care Inc. to draw on my bank account through my financial institution within the 1st week of each month beginning _____
(month & year)

Please submit a void cheque if payment is from your bank account.

I prefer to use my credit card: Visa MasterCard
Credit Card # _____ Expiry Date: _____
Signature: _____

Receipting and Billing

Tax Receipt to be issued in the following Name(s):

As Above

As the Following _____
(Please print clearly)

Annual billing to be directed to:

As Above

To _____

Address if different from above: _____

(Please print clearly)

Privacy Statement and Recognition

Regina Palliative Care Inc. does not sell, trade or lease your personal information

My/our gift may be publicized (amount not listed)

Yes

No

For recognition purposes, please list my/our name(s) as:

Name(s): _____
(Please print clearly)

If you would like to be included on our mailing list to receive the RPCI newsletter and information, please check the appropriate box.

Mail

Email

Charitable registration #BN119114221RR0001

Agreement

I/We agree to the above commitment:

Signature: _____ Date: _____

Regina Palliative Care Inc.

Signature: _____ Date: _____