



“Will you join the
My Home, My Hospice
monthly giving program?”

November 3, 2020

Dear Friend of Hospice,

Now more than ever, we wanted to let you know just how grateful we are for the community that has funded, volunteered, celebrated, and advocated for Hospice Orillia throughout the years. At a time when everything feels uncertain, we find comfort and encouragement knowing that you care about our cause.

Over the past 18 months we have seen tremendous growth throughout our programs and community at large. Having celebrated our 30th anniversary in 2019 and the launch of numerous new programs including the Footprints Project and the Pregnancy and Infant Loss Outreach (PILO) program. All of which we have to thank you, our supporters, for.

While much of the world has stopped, our mission of providing practical, emotional and spiritual support to those in our community coping with advanced illness, death and bereavement will not be placed on hold. That is why we are reaching out to you today.

We would like to invite you to become a monthly donor.

Joining the *My Home, My Hospice* monthly giving program, our treasured community of monthly donors, is the safest, simplest, and most effective way to support Hospice Palliative Care as we adapt to ever-changing circumstances due to COVID-19.

While all of us are facing great challenges at this time, we hope that you can find some peace knowing that those in need of practical, emotional and spiritual support while coping with advanced illness, death and bereavement will continue to have access because of your generosity.

Please turn over...

Friend, we hope you will join us as a monthly donor. To confirm your place in the My Home, My Hospice monthly giving program, please complete the form below. If you are not ready to become a monthly donor, we invite you to make a one-time donation for the amount that is best suited to you.

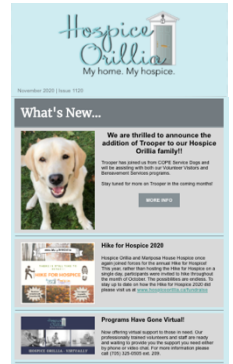
On behalf of all of us at Hospice Orillia, thank you for being a part of our community. Without the support of individuals such as yourself, we would not be able to do what we do.

Sincerely,

Amanda Tevelde
Communications and Fundraising Coordinator
Hospice Orillia
(705) 325-0505 Ext. 107
amanda@hospiceorillia.ca

P.S. Please feel free to forward this message to family and friends. We would really appreciate the additional support!

P.P.S. To stay up to date on all things Hospice Orillia, we invite you to sign up to receive our monthly newsletter which we will email directly to your inbox and will be filled with all the exciting news pertaining to Hospice Orillia and our amazing community. To sign up please email amanda@hospiceorillia.ca or visit www.hospiceorillia.ca



 *Donation Slip*
Thank you for your support!
Please return form to:
Hospice Orillia
169 Front St. S
Orillia, ON L3V 4S8


Name: _____
Address: _____
City, Prov.: _____

Email: _____
Phone #: _____
Postal Code: _____

I would like to give a gift of:

One-time Donation	<input type="checkbox"/> \$25	<input type="checkbox"/> \$50	<input type="checkbox"/> \$100	<input type="checkbox"/> \$250	Other \$ _____
Monthly Giving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

In honour/memory of: _____
To make a donation online, please visit:
www.canadahelps.org/en/charities/hospice-orillia/

Tax receipts are automatically issued for donations of \$20.00 or more.
Hospice Orillia is a program of the North Simcoe Muskoka Hospice Palliative Care Network. NSMHPCN Charitable Business Number: 135837748RR0001 

Method of payment:

CHEQUE Please make cheque payable to HOSPICE ORILLIA
Mail cheque to:
Hospice Orillia - 169 Front Street South, Orillia, ON. L3V 4S8

To donate by credit card:
 VISA MASTER CARD

Name on Card: _____
Card #: _____
Expiry (mm/yy): _____ CVV: _____
Signature: _____