

## Hospice Face to Face

#### **About Face to Face**

The Face to Face Campaign supports The Hospice Fairley Family Transportation Program, which provides rides to patients and families across Windsor-Essex. Last year, with your help, we raised over \$100,000 for Windsor-Essex residents in need of assistance. This year, we hope to exceed that total, but we can't do it without you!

## How Can You Help?

- Collect pledges from family and friends as a Face to Face Canvasser
- Make a personal donation online, through the mail, or in support of a Canvasser
- Spread the word about Face to Face!

#### **About Our Hospice**

Founded to address compassionate end-of-life care, The Hospice of Windsor and Essex County Inc. has been an integral part of the Windsor Essex region since 1979. The Hospice provides care at no cost in our two Hospice Residential Homes (Windsor and Erie Shores/Leamington), through the Community Palliative Medicine Program and through our Wellness Programs and Services.

With only partial government funding, it has been through the generous support of our community that Hospice has been able to offer care to patients and families within the Windsor-Essex Community.

Your \$10 Donation = 1 Ride

### (\*\$150 covers a night in the Hospice Residence for a patient and family) receipt will be issued for donations of \$10 or more support The Hospice with my own donation. A tax l am unable I would like to provide a donation of The Hospice The Hospice of Windsor and Essex County Inc 6038 Empress Street | Windsor, ON N8T 1B5 □Other\$ to collect pledges, but I would like to □\$20 □\$50 Signature: Name: Name on Card: Email: Credit Card Phone Number: Postal Code: Address: □ Visa Please charge my credit card Enclosed is The Hospice of Windsor and Essex County Inc ☐ Mastercarc cheque payable Province: Exp. Date: ☐ AMEX



# **Hospice Face to Face**

PLEASE NOTE: COMPLETE ADDRESS AND POSTAL CODE MUST BE PROVIDED TO ISSUE A TAX RECEIPT OF \$10 OR MORE

CHEQUES CAN BE MADE PAYABLE TO
THE HOSPICE OF WINDSOR AND ESSEX COUNTY INC.

PARTICIPANT INFORMATION NAME				PHONE	NE		
FULL ADDRESS EMAIL							
FIRST AND LAST NAME	ADDRESS	POSTAL CODE	PHONE	AMOUNT	CASH/CHEQUE	RECEIPT	