

1000078604-V8R6N4-BR01



VICTORIA HOSPICE
PO BOX 5125 STN B
VICTORIA BC V8R 9Z9



Thank you for helping us
provide exceptional
end-of-life care.



“ We found support,
humour, understanding
and information
when we needed it most.
Thank you,
Victoria Hospice. ”

4TH FLOOR
RICHMOND PAVILION
1952 BAY STREET
VICTORIA BC V8R 1J8

T 250.519.1744
F 250.519.1745
WWW.VICTORIAHOSPICE.ORG



Your Gift Makes
Hospice Care
Possible.



Dr. Deb Braithwaite
with a patient

Victoria Hospice

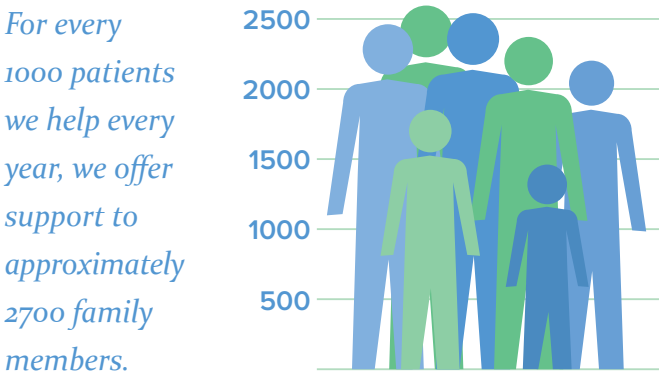
Please help the care continue.

Since 1980, Victoria Hospice has been caring for the dying and supporting those who love them through programs including:

- Palliative and respite care in Hospice’s 17-bed inpatient unit
- 24-hour crisis intervention by the Palliative Response Team for patients who are dying at home and their families
- Counselling for patients and families, including special programs for children
- Grief and bereavement support groups and spiritual care
- Education and research to ensure the best possible care

Today, Victoria Hospice provides this care to roughly 1,000 patients and offers support to approximately 2,700 family members every year.

Your donation helps by making the work of our dedicated nurses, doctors, counsellors, researchers and volunteers possible.



Donations are Critical for Hospice Care Programs

Roughly 50% of the funding Victoria Hospice needs to provide care to patients and families comes from community donations.

Your donation can help fund:

- Training for nurses and counsellors
- Special equipment for the inpatient unit
- Vehicle expenses for in-home care
- Counselling support for children and families
- And a host of programs that bring comfort and joy for people nearing the end of life.

Please give today using the attached donation form, by phone at 250-519-1744, or visit www.victoriahospice.org. Thank you!



YES! I want to support Victoria Hospice’s end-of-life care programs.

My name

Address

City/ProvPostal Code

Phone Email

This gift is in memory of

Please send a notification of my gift to the next of kin (Name)

Address

City/ProvPostal Code

TYPE OF DONATION:

☐ **Monthly:** I would like to support end-of-life care every month with a gift of:

☐ \$5 ☐ \$10 ☐ \$20 ☐ \$50 ☐ \$

On the ☐ 1st or ☐ 15th of each month, beginning on (month, year)

☐ **One-time:** I would like to make a one-time gift to Victoria Hospice of:

☐ \$25 ☐ \$50 ☐ \$100 ☐ \$1,000 ☐ \$

PAYMENT INFORMATION:

☐ Enclosed is my cheque made payable to Victoria Hospice (*one-time gift only*)

☐ Please charge my ☐ VISA ☐ MasterCard ☐ American Express

Card #. Expiry:

Signature

☐ I’m interested in honouring a loved one with a gift to Victoria Hospice in my Will.

☐ I have already named Victoria Hospice in my Will.

☐ I wish to subscribe to the monthly Victoria Hospice e-Newsletter.

Victoria Hospice protects your privacy; we do not sell, trade or rent donor information.

Victoria Hospice Society
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250-519-1744 • info@victoriahospice.org • www.victoriahospice.org • Charitable Registration # 87440 9964 RR0001