



I/We would like to become members of Cayman HospiceCare in the following category:

Individual Membership

CI\$50.00

Family Membership

CI\$100.00

Corporate Membership

CI\$500.00

The above amounts are minimums; please feel free to contribute more if you wish.

I/We would like to commit to membership renewal for the next \_\_\_ years.

If you would prefer using US funds for membership we can give you the appropriate information that allows you to join and/or donate through our affiliate, US Friends of Cayman HospiceCare, which is an approved US tax deductible entity.

Cheque enclosed CI\$ \_\_\_\_\_

Cheque enclosed US\$ \_\_\_\_\_

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Mailing address*

\_\_\_\_\_  
*Home telephone*

\_\_\_\_\_  
*Fax number*

\_\_\_\_\_  
*Cell number*

\_\_\_\_\_  
*email*

I would like more information about the programs and services that HospiceCare provides.

I would like information on your volunteer programs.

\_\_\_\_\_  
*Signed*

\_\_\_\_\_  
*Dated*

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