



*Yes!*

I would like to make a difference in the lives of Hawthorne Care Centre residents!

Name	
Address	
City	
Province & Postal Code	
Telephone	
E-Mail	

**Contribution/Pledge Information**

I (we) pledge a total of \$\_\_\_\_\_ to be paid: \_\_\_ now \_\_\_ monthly \_\_\_ quarterly \_\_\_ yearly.

I (we) plan to make this contribution in the form of: \_\_\_ cash \_\_\_ cheque \_\_\_ credit card \_\_\_ other.

Credit card number	
Credit card type & Expiration date	
Authorized signature	

I would like more information about Hawthorne Care Centre

**Hawthorne Care Centre 2111 Hawthorne Ave, Port Coquitlam, BC V3C 1W3**  
Tel.: 604-941-4051 [www.hawthornecare.com](http://www.hawthornecare.com)



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*Come in and see our plans for the next phase  
Here is the “Bistro” drawing!*

### **Hawthorne’s Mission**

Our mission is to provide our clients with choices and the highest quality care that support and promote mental, physical, emotional, social and spiritual needs through the effective use of our resources in a progressive, vibrant and welcoming environment

### **Hawthorne’s Vision**

Together, we provide progressive quality care in a warm and supportive client centered community



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