

Cancer Assistance



Help when you really need it.

Home equipment • Personal care Transportation • Compassion



905.383.9797 | cancerassist.ca



We understand the stress you feel after receiving a cancer diagnosis, and the overwhelming feelings of anxiety and questions that follow. That's why we're here.

Cancer Assistance Program is here to provide you with practical and essential services that will help you live at home while you navigate this journey.

Cancer Assistance Program 555 Concession Street Hamilton, ON L8V 1A8 905.383.9797 inquiries@cancerassist.ca cancerassist.ca

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The practical support you need.

From wheelchairs to wigs to transportation, we provide the equipment and services people with cancer need to live at home and get the care they need, without worries and added financial stress. These include:

Home Health Equipment Wheelchairs, transport chairs, commodes, rollators, walkers, bath rails and much more.

Personal Care

Nutritional supplements, mastectomy garments, wigs, incontinence items.

Transportation

Drives to all your cancer-related appointments and back.

Parking Assistance

Free parking in a private lot close to Juravinski Hospital on a first come, first serve basis. Please call us to reserve a spot.

lt's all for you. And it's all free.

Everything we offer is completely free. Our dedicated volunteers have taken care of everything for you, so all you have to do is ask. Of course, we offer more than practical help. We also provide compassion and support to everyone that walks in our door.





Please make your gift today.

Cancer Assistance Program is a community-based, not-for-profit organization offering free services to those affected by cancer. We rely on private, community and corporate donors to serve our clients.

Your gift is gratefully appreciated.

It's easy to donate a gift:

- **1 Visit** us at 555 Concession St., Hamilton, ON L8V 1A8
- **2 Call** us at 905.383.9797
- **3 Donate** online at cancerassist.ca

Thank you

for your generous gift to Cancer Assistance Program.

Name:	
Address:	
City:	
Postal Code:	
Phone: ()	
Email:	

In the amount of \$
Cheque Cash Visa MasterCard
Card Number:
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Expiry Date:/ CVV:
Card Holder's Name:

Card Holder's Signature:

An official receipt will be mailed for donations of \$20.00 or more.

Charitable Registration #14026 2759 RR0001