



CANCER SOCIETY OF THE BAHAMAS

P.O. Box 55-6539

NASSAU, BAHAMAS

TELEPHONE: 242-323-4441 OR 242-323-4482

EMAIL: CANCERSOCIETY@HOTMAIL.COM

WEBSITE: CANCERSOCIETYBAHAMAS.ORG

Dear Sir or Madam:

We would like to take this opportunity to welcome you to the Cancer Caring Centre of The Bahamas, your home away from home.

In this regard, there would be a daily rate of \$100.00 per day (if less than 7 days) or \$525.00 weekly rate for persons outside of The Bahamas. This cost would include room accommodations, transportation to and from your Doctor's appointment or treatment centre and transportation twice per week (Tuesday's & Thursday's) to the grocery store and pharmacy, so that necessary items can be purchased.

A 50% deposit for your potential stay would be required upon check-in and the balance to be paid the day prior to check-out.

If further assistance is required please do not hesitate to see the Administrator, Ms. Errin Storr or Mrs. Jacqueline Cash, Cancer Caring Centre, Supervisor.

Thank you once again for considering the Cancer Caring Centre of The Bahamas and we look forward to being of service to you.

Official Use Only

Patients Name: _____ **Age:** _____

Country/Island of Origin: _____

Name of Caretaker: _____ **Potential Length of Stay:** _____

50% Deposit: _____ **Date:** _____ **Signature:** _____

Balance Due: _____ **Date:** _____ **Signature:** _____

Authorization Signature: _____
Cancer Caring Centre, Supervisor/Representative