

# Mark the **World Day of the Sick,**

## on February 11, 2019

### **MOVING FORWARD**

Times of illness or when accompanying a loved one often gives us the feeling of going down a dangerous road which makes us feel dizzy. It's in these moments that a loving presence gives us the confidence and the strength to keep moving forward. Thus, this can give rise to the hope of a ray of light which dispels the darkness for...

*With you, I am hopeful, I am confident,  
and I am moving forward*

The material for accompaniment for the **World Day of the Sick 2019** proposes, in images and in reflections, this route, often a 'steep climb' to undertake, but which becomes possible.

The poster and the card for this year has sought to evoke within you and your loved ones this momentum of confidence and hopefulness.

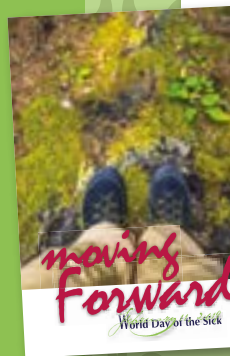
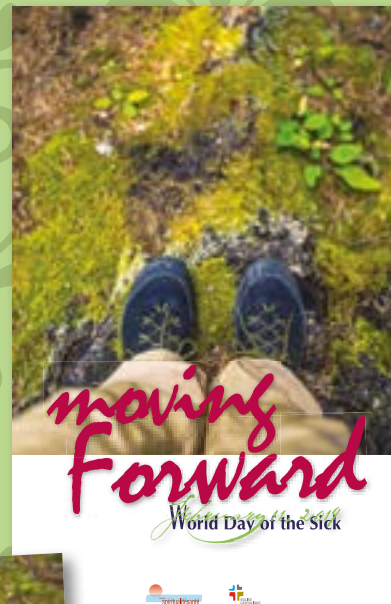
### **COST**

Colour Posters (01) 14" x 22" (taxes included): **\$ 6**

Colour Card (02) 5 3/4" x 8 3/4" (taxes included):

1-49 units: **\$ 0.50** • 50-99 units: **\$ 0.45** • 100 units and more: **\$ 0.40**

01



02

Send your order by fax to: **418 682-7943**

by mail to: CSsanté, 2300-2400, avenue D'Estimauville, Québec (Québec) G1E 7G9

or visit [www.cssante.ca](http://www.cssante.ca) under *Journée mondiale des malades*.

*A collaboration between the Centre Spiritualitésanté de la Capitale-Nationale [www.cssante.ca](http://www.cssante.ca)  
and the Service diocésain de l'animation pastorale de l'Église catholique de Québec [www.ecdq.org](http://www.ecdq.org)*

### **QUANTITY**

**Poster(s)** \_\_\_\_\_

**Card(s)** \_\_\_\_\_

### **SHIPPING COST**

Poster: **\$ 2,50\***

Card: 1-49 units : **\$ 5\*** • 50-99: **\$ 7,50\*** • 100 and more: **\$ 10\***

*\* For orders outside of Quebec, shipping costs will be calculated to weight and destination.*

### **BILLING ADDRESS**

Organization \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Postal Code \_\_\_\_\_

Email \_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

### **SHIPPING ADDRESS** (if different than above)

Organization \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Postal Code \_\_\_\_\_

Email \_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_