## Peace Arch Hospice Society

## DONATION AND/OR MEMBERSHIP

## **FORM**



First Name	Last Name		
Address			
City	Province	Country	Postal Code
Email		Telephone	Fax
Company Name			(for corporate donations
$\square$ Check here to use co	ompany name on recei	pt.	
STEP 2. DONATION (please	e check one or more and	include amount for each)	
☐ My gift of \$	is for us	e at the Society's discreti	on.
☐ My gift of \$	is in Mer	mory of	
Please send notifica	tion of my memorial g	ift to:	
First Name		Last Name	
Address			
City	Province	Country	Postal Code
☐ My gift of \$	is in recognitior	n of (name)	
			(acknowledgement card will be sent
•	-		-
			Postal Code
STEP 3. MEMBERSHIP			
	member of the Society	– Membership is \$20.00	and is valid from Jan. 1 <sup>st</sup> – Dec. 31 <sup>st</sup> .
STEP 4. DONATION AND/0	OR MEMBERSHIP TOTA	ALS	
☐ Please accept my do			
$\square$ I would like to be a	e a member \$ (Membership is \$20.00)		
Donation(s) and/or Memb	ership TOTAL: \$		
<ul><li>☐ I have enclosed a ch</li><li>☐ Please charge my cr</li></ul>	•	or $\square$ Mastercard	
Credit Card Number:			
Expiry Date:	Card	Validation Digits	(on back of card)
Name shown on card	l:		

We recommend that you do not send cash in the mail. Please deliver or mail this form to:

**Peace Arch Hospice Society** 

15435 - 16A Avenue South Surrey, BC V4A 1T2

Questions? Please call us at 604-531-7484. Thank you for your support! Your donation will help us to continue to deliver quality, compassionate Hospice Care on the Semiahmoo Peninsula.