

Peace Arch Hospice Society

DONATION AND/OR MEMBERSHIP FORM



STEP 1. PERSONAL INFORMATION (Please print clearly. This information will be used to send receipt.)

First Name _____ Last Name _____

Address _____

City _____ Province _____ Country _____ Postal Code _____

Email _____ Telephone _____ Fax _____

Company Name _____ (for corporate donations)

- Personal Receipt. **(Personal Tax receipts are only issued to the person named on the cheque or credit card.)**
 Check here to use company name on receipt.

STEP 2. DONATION (please check one or more and include amount for each)

- My gift of \$ _____ is for use at the Society's discretion.
 My gift of \$ _____ is in Memory of _____

Please send notification of my memorial gift to:

First Name _____ Last Name _____

Address _____

City _____ Province _____ Country _____ Postal Code _____

- My gift of \$ _____ is in recognition of (name) _____

for: Birthday Anniversary Retirement Other _____ (acknowledgement card will be sent)

Honoree's address: _____

City _____ Province _____ Country _____ Postal Code _____

STEP 3. MEMBERSHIP

- I wish to become a member of the Society – Membership is \$20.00 and is valid from Jan. 1st – Dec. 31st.

STEP 4. DONATION AND/OR MEMBERSHIP TOTALS

- Please accept my donation(s) of \$ _____
 I would like to be a member \$ _____ (Membership is \$20.00)

Donation(s) and/or Membership TOTAL: \$ _____

- I have enclosed a cheque OR
 Please charge my credit card: Visa or Mastercard

Credit Card Number: _____ - _____ - _____ - _____

Expiry Date: _____ - _____ Card Validation Digits _____ (on back of card)

Name shown on card: _____

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.