

Please help us support those in our community, like Robert and Estelle, at end of life or coping through loss and grief. To make a donation, complete the form below and mail it along with your cheque or credit card information in the enclosed envelope. Thank you!

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Please accept my donation of \$ \_\_\_\_\_ in support of the WRSS Hospice Society.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City/Prov: \_\_\_\_\_ P. Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

My donation cheque is enclosed or  VISA  MASTERCARD

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiry Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Card Validation Digits (on back of card): \_\_\_\_\_

Name on Card (please print): \_\_\_\_\_ Signature: \_\_\_\_\_

This gift is for (check one):  the Society's discretion  the Supportive Care Centre

in Memory of: \_\_\_\_\_ Please send notification of my memorial gift to:  
*\*Donation amount will not be included.*

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City/Prov: \_\_\_\_\_ P. Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

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**For secure, online donations visit [www.whiterockhospice.org](http://www.whiterockhospice.org).**  
Registered Charitable #: 11929 7513 RR0001

