

DONATION AND MEMBERSHIP FORM



STEP 1. PERSONAL INFORMATION (please print)

First Name _____ Last Name _____

Address _____

City _____ Province _____ Country _____ Postal Code _____

Email _____ Telephone _____ Fax _____

Company Name _____ (for corporate donations)

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

- My gift of \$ _____ is in Memory/Honours the Life of: _____

Address: _____

- My gift of \$ _____ is for use at the Society's discretion.
- My gift of \$ _____ is for the Hospice Residence/Capital Campaign
- My gift of \$ _____ is for Other (Please specify) _____

Total Donation of \$ _____

Please send notification of my memorial gift to:

First Name _____ Last Name _____

Address _____

City _____ Province _____ Country _____ Postal Code _____

STEP 3. MEMBERSHIP

- I wish to become a member of the Society (Membership fee of \$20.00 is enclosed)

STEP 4. DONATION AND/OR MEMBERSHIP AMOUNT

- Please accept my donation of \$ _____+ Membership \$20.00 (if desired)

Total of \$ _____

- Please charge my credit card
 - Visa *or*
 - Mastercard

Account Number _____ - _____ - _____ - _____ EXPIRY _____ - _____

Name shown on card _____

PLEASE SEND A TAX RECEIPT TO:

First Name _____ Last Name _____

Address _____

City _____ Province _____ Country _____ Postal Code _____

Cheques may be delivered or mailed to the address below.

We recommend that you do not send cash in the mail and deliver it in person.

White Rock South Surrey Hospice Society

15510 Russell Avenue

White Rock BC V4B 2R3

604-531-7484

Your donation is appreciated and will help us to continue to deliver Hospice Care on the Semiahmoo Peninsula.