

# White Rock South Surrey 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)

☐ 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 for the Supportive Care Centre Campaign.  
☐ 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. 1<sup>st</sup> – Dec. 31<sup>st</sup>.

### 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

Account Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiry Date: \_\_\_\_\_ - \_\_\_\_\_

Name shown on card: \_\_\_\_\_

We recommend that you do not send cash in the mail.

Please deliver or mail this form to:

**White Rock South Surrey Hospice Society**  
15510 Russell Avenue  
White Rock, BC V4B 2R3

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.