

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/Honors 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)

CONTINUED ON NEXT PAGE...

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 _____

Signature _____

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 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 in the Semiahmoo Peninsula.*