



Donation Form

Chilliwack Hospice is a community based volunteer organization which accepts death as a part of life. We support individuals and families during the dying and grieving process.

Please print this form, complete and return it to us

Your Name: _____
 Address _____
 City, Province _____ Postal Code _____
 Day Phone _____ Evening Phone _____ Cell Phone _____
 Email _____ Fax No _____

Amount of Gift \$ _____



Enclosed is my cheque or money order made payable to **Chilliwack Hospice Society**

I prefer to make my gift by credit card		
Card Number		Name On Card
Expiry Date		Signature

I would like to make my gift: In Memory Of In Honour Of

Please send a notification card to let the family/person know of my memorial/honorarium gift to:
 (amount of gift will not be disclosed)

Card to go to:	
Address	
City, Prov, PC	
Relationship to Deceased/Honoree	

I would like information about:

- | | |
|--|--|
| <input type="checkbox"/> Chilliwack Hospice Society's Programs and Services | <input type="checkbox"/> Donating by automatic withdrawal |
| <input type="checkbox"/> Volunteering with Chilliwack Hospice Society | <input type="checkbox"/> I am considering planned giving/leaving a gift in my will |
| <input type="checkbox"/> I would like to become a member of the Society (\$10.00 annually) | <input type="checkbox"/> I have left a gift in my will to Chilliwack Hospice Society |

You will receive an official tax receipt for donations over \$10.00.
 Please send the completed form with your cheque or credit card information to:

Chilliwack Hospice Society
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