



Donation Form

Chilliwack Hospice Society 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 complete this form, print 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 |  <input type="checkbox"/> |  <input type="checkbox"/> |
| 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 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:

- Chilliwack Hospice Society, Programs and Services
- Donating by automatic withdrawal
- I have left a gift in my will to Chilliwack Hospice Society

- Volunteering with Chilliwack Hospice Society
- Leaving a gift in my will/planned giving
- I would like to become a member of the Society (\$10.00 annually)

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
 7112 Vedder Rd
 Chilliwack BC V2R 3T6
 Tel (604) 795-4660 Fax (604) 795-2476
 Email: info@chilliwackhospice.org
 Registered Charity No. 86730 3232 RR0001