



## REASON FOR DONATION

In memory of     In honour of     Milestone/Celebration     General donation     Other

Name (Title / First Name / Last Name): \_\_\_\_\_

## DONOR INFORMATION

Donor Name (Title/First Name/Last Name): \_\_\_\_\_

Street Address/Box No. \_\_\_\_\_

City/Town: \_\_\_\_\_ Province/State: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Email Address: \_\_\_\_\_

I wish to receive Hospice Huronia's newsletter and other communications.

## PLEASE SEND AN ACKNOWLEDGEMENT TO:

Name (Title/First Name/Last Name): \_\_\_\_\_

Street Address/Box No. \_\_\_\_\_

City/Town: \_\_\_\_\_ Province/State: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

**DONATION AMOUNT: \$** \_\_\_\_\_

## PAYMENT OPTIONS:

Cheque     Cash     VISA     MasterCard

Note: Please make cheques payable to **Hospice Huronia**

Name on Credit Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_    Expiry Date: \_\_\_\_\_ / \_\_\_\_\_  
MM / YYYY

CSV # (3 digit number from back of card) \_\_\_\_\_

**THANK YOU FOR YOUR SUPPORT** – Please MAIL or FAX this donation form to us at:

**Mail:** 25 Jeffery Street, Penetanguishene, ON, Canada L9M 1K6    **FAX:** 705-549-5366

Privacy Policy: Hospice Huronia respects your privacy and will not sell or distribute your personal information to anyone. The information you have provided us will only be used to contact you regarding your donation or to keep you informed of our activities.

**CHARITABLE BUSINESS NUMBER: 89991 5243 RR0001**

ver. 2017