



# YES, I want to help Comox Valley Hospice Society care for people in our community



Mr. / Mrs. / Ms. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Prov \_\_\_\_\_

PC \_\_\_\_\_

Country \_\_\_\_\_

Phone (home) \_\_\_\_\_

(business) \_\_\_\_\_

(cell) \_\_\_\_\_

Email \_\_\_\_\_

## MONTHLY DONATION

I'd like to make a monthly donation of:

\$25    \$15    \$10    \$5   Other \$ \_\_\_\_\_

### Choose your method of payment:

- Chequing account (I've enclosed a void cheque)  
 Visa    MasterCard

Credit Card Number \_\_\_\_\_

Expiry Date \_\_\_\_\_

Signature \_\_\_\_\_

At the beginning of every month, the amount you choose will be automatically drawn from your chequing account or credit card. You will receive a consolidated receipt at the end of every calendar year. You can cancel or change your support at any time.

## SINGLE DONATION

I'd like to make a single donation of: \$ \_\_\_\_\_

### Choose your method of payment:

- Cheque (enclosed)  
 Visa    MasterCard

Credit Card Number \_\_\_\_\_

Expiry Date \_\_\_\_\_

Signature \_\_\_\_\_

Please take a moment and verify that all your information is correct. Tax receipts are issued according to Canada Revenue Agency guidelines. Charitable No. 11928 0691-RR0001

I would like to make my gift in memory of:

Please notify their next-of-kin of my gift.

Name of next-of-kin: \_\_\_\_\_

Relationship to deceased: \_\_\_\_\_

Address of next-of-kin: \_\_\_\_\_

Please **return this form** with your donation to:

**Comox Valley Hospice Society #102-1509 Cliffe Avenue, Courtenay, BC, V9N 2K6**

Comox Valley Hospice Society respects your privacy and never sells, trades, or exchanges donor names or personal information. The information collected here will be used to process your gift and issue a receipt, provide you with additional information about our work and request support from you to further our mission. If you do not wish your name to be used for one or all of these activities, please call 250-339-5533.

***Thank you for your support!***

**For more information on your contribution or privacy, please contact us at 250-339-5533 or admin@comoxhospice.com.**