



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 _____

Phone _____ Alternate Phone _____ Cell Phone _____



Email _____

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 \$20.00.

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 Email: info@chilliwackhospice.org
Registered Charity No. 86730 3232 RR0001