



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 #2900 Cliffe Avenue, Courtenay, BC, V9N 0J1

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 250-871-0696.

Thank you for your support!

For more information on your contribution or privacy, please contact us at 250-871-0696 or admin@comoxhospice.com.