



YES, I want to partner with Hospice to ensure quality end of life care in the Comox Valley.

I would like to:

Membership (\$15 per year)

Hospice programs and services

Volunteer with Hospice _____ Client _____ Support _____

Working on Special Events

Fundraising

Other _____

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: 250-_____ Work: 250-_____

Email: _____

Occupation: _____

Mail to: Comox Valley Hospice Society
2137 Comox Avenue
Comox, BC V9M 1P2
Or call: 250-339-5533