



Membership Application

YES, I want to help my community by supporting **Crossroads Hospice Society**.

Name: _____

Address: _____

City: _____ Postal Code: _____ Prov. _____

Home Phone: _____ Work Phone: _____

Email: _____

Membership Application/Renewal (tax receipt provided upon receipt of payment)

\$25.00 I hereby make application to the Crossroads Hospice Society for membership.

Make a Donation (tax receipt provided upon receipt of payment)

I would also like to make a donation of:

\$50.00 \$100.00 \$250.00 Other: \$ _____

Payment Methods

Cheque or Money Order

Enclosed is my cheque or money order made payable to **Crossroads Hospice Society**.

Credit Card:

VISA MasterCard American Express

Card # _____ Expiry Date _____

Name as it appears on the card: _____

Signature: _____

I am interested in:

- Providing an annual gift to Crossroads Hospice Society
- Leaving a gift in my will/planned giving
- Volunteering with Crossroads Hospice Society

Please return your completed form to:

Crossroads Hospice Society
Suite # 504 34A-2755 Lougheed Highway
Port Coquitlam, BC V3B 5Y9.

Tel: 604-945-0606 Fax: 604-945-9071 Email: info@crossroadshospicesociety.com
(Charitable tax no. 894850635 RR0001)