



## DONATION FORM

**Our Promise to you:**  
**Crossroads Hospice Society respects your privacy. We do not lend or sell any of your personal information. We never lend or exchange lists with other agencies. You have our word.**

**Please print this form, complete and return it to us.**

Your Name: .....  
Address: .....  
City: .....  
Postal Code: .....  
Day phone:..... Evening Phone .....  
Mobile ..... Fax:.....  
Email: .....

**Amount of gift:**     \$.....

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

I prefer to make my gift by credit card:                     VISA             MasterCard

Name as it appears on credit card: .....

Card Number: ..... Expiry Date (mm/yy): .....

Signature:..... |

would like to make my gift in Memory of     in Honour of

Please send a notification card to let the family/person know of my memorial/honorarium gift to:  
*(amount of gift will not be disclosed)*

Name:

Address:

Relationship to the deceased:

- I am interested in:**
- Volunteering with Crossroads Hospice Society
  - Leaving a gift in my will/planned giving
  - I have left a gift in my will to Crossroads Hospice Society

**Send the completed form with your cheque or credit card information to**

Crossroads Hospice Society  
Suite # 504 34A-2755 Lougheed Highway Port Coquitlam, BC V3B 5Y9  
Tel (604) 945 0606 Fax (604) 945 9071

**If paying with credit card, you can also email  
anna.wilczewski@crossroadshospicesociety.com**