



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 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) 554 0542 Fax (604) 945 9071

**If paying with credit card, you can also email
Nadia@CrossroadsHospice.Org**