



YES, I want to help Crossroads Hospice Society care for hospice patients and families, and support those who are grieving the loss of a loved one.



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)
 Credit Card: 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)
 Credit Card: Visa MasterCard

Credit Card Number _____

Expiry Date _____

Signature _____

Please take a moment and verify that all of your information is correct. Tax receipts are issued according to Canada Revenue Agency guidelines. Charitable No. 894850635-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:

Crossroads Hospice Society, Suite 209—2773 Barnet Hwy, Coquitlam, BC V3B 1C2

Crossroads 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 of mission and vision. If you do not wish to have your name used for these activities, please call 604-945-0606

Thank You for Your Support !

For more information on your contribution or privacy, please contact us at 604-945-0606 or donate@crossroadshospice.org