



# Hospice Huntsville Donation Form

100 Frank Miller Drive, Huntsville, Ontario P1H 1H7

Please complete the following contact information for receipting purposes:

Full Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Town/City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

Amount of Gift: \$ \_\_\_\_\_

I wish to receive Hospice Huntsville Herald Newsletter & other communications via email

Email Address: \_\_\_\_\_

*\*\* Help us save postage & go green by receiving your newsletter by email*

Do not add me to your mailing list

### Reason for Donation:

In Memory       In Honour: \_\_\_\_\_ (Name of person:)

Wish List - Wish List Item(s) # \_\_\_\_\_  500 Club (Annual donation of \$500)

New- "Honour a Volunteer" Campaign       2020 Swim for Hospice: Swimmer's Name: \_\_\_\_\_

Milestone Occasion (Birthday/Anniversary)       Third Party Event/Fundraiser

General Donation       2020 Hike for Hospice Hiker's Name: \_\_\_\_\_

NonGala Gala       Annual Appeal

Please send a letter to let the family/person know of my gift:  
*Please complete information below. The amount of the gift will not be disclosed.*

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Town/City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Payment Options:	<input type="checkbox"/> Cheque (payable to Hospice Huntsville)	<input type="checkbox"/> Cash
Credit Card ( <input type="checkbox"/> Visa or <input type="checkbox"/> MasterCard)	Name on Credit Card: _____	
Credit Card Number: _____ / _____ / _____ / _____		
Expiry Date: _____ / _____	Card Holder Signature: _____	

**Privacy Policy:** At Hospice Huntsville, we know your privacy is important to you. We respect your privacy and will not sell or distribute your personal information to anyone. With your donation you will receive a subscription to our annual newsletter and an official income tax receipt.

**Thank you for supporting end of life care in our community!**

Registered Charity Number: 89025-9062 RR0001

### HOSPICE OFFICE USE ONLY:

Donation Received by: \_\_\_\_\_

Date: \_\_\_\_\_

(Volunteer Name/Staff Name)