



HOSPICE ORILLIA DONATION FORM



Date: _____

REASON FOR DONATION

In memory of Special Event General donation Other

In memory of: _____

Notice of "In Memory" donation to be sent to:

Name: _____

Street Address: _____

City/Town: _____ Province: _____ Postal Code: _____

DONOR INFORMATION

Donor Name (Title/First Name/Last Name): _____

Street Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Telephone: _____ E-mail Address: _____

I wish to receive Hospice Orillia newsletter and other communications (please complete email address).

Donation Amount \$ _____ Receipt requested
Receipts are issued for donations of \$20 or more unless otherwise requested. Thank you

PAYMENT OPTIONS

Cheque Cash Visa Mastercard

Note: Please make cheques payable to Hospice Orillia

Name on Credit Card: _____

Credit Card Number: _____ Expiry Date: ____/____/____
MM/YYYY

Authorizing Signature: _____

Date processed: _____ Authorization Number: _____

THANK YOU FOR YOUR SUPPORT – PLEASE MAIL OR FAX DONATION FORM TO:

MAIL: Hospice Orillia, 169 Front Street South, Orillia, ON L3V 4S8 FAX: 705 325 7328

If you have any questions, please contact us at (705) 325-0505 or email info@hospiceorillia.ca

Privacy Policy: Hospice Orillia respects your privacy and will not sell or distribute your personal information to anyone. The information you provided us will only be used to contact you regarding your donation or to keep you informed of our activities.

Charitable Business Number: 135837748RR0001