



# HOSPICE ORILLIA DONATION FORM



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

### REASON FOR DONATION

Tribute       Special Event       General donation       Other

In memory/honor of: \_\_\_\_\_

Notice of "In Memory/Honor" 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.

**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