



# Hospice Simcoe Donation Form | 2019

## DONOR INFORMATION

Donor Name (Title/ First Name/Last Name): \_\_\_\_\_

Street Number & Name: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province/State: \_\_\_\_\_ Postal/ZipCode: \_\_\_\_\_

Telephone #: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

I wish to receive Hospice Simcoe's newsletter and other communications.

## REASON FOR DONATION

In memory of     In honour of     Milestone/Celebration     General donation     Other

Name (Title/ First Name/Last Name): \_\_\_\_\_

Donation Amount: \$ \_\_\_\_\_

## PAYMENT OPTIONS

Cheque     Cash     Visa     MasterCard     AMEX

Name on Credit Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Expiry Date: \_\_\_\_ / \_\_\_\_  
MM/YYYY

**Note:** Please make Cheques payable to *Hospice Simcoe*

A charitable tax receipt of \$20 or more will be automatically issued and sent to you within two weeks of receiving your donation.

## ACKNOWLEDGEMENT TO

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

Street Number & Name: \_\_\_\_\_

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

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

**MAIL:** 336 Penetanguishene Rd, Barrie, ON L4M 7C2, Canada, **FAX:** 705.722.0716

For more information contact us at **PH:** 705-722-5995 or [www.hospicesimcoe.ca](http://www.hospicesimcoe.ca)

**Privacy Policy:** Hospice Simcoe 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: 13443-3234RR0001**