YES, I WANT TO HELP

Oceanside Hospice Society provides compassionate support to people in our community.

DONOR INFORMATION

Title: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Mx. ☐ Other: _____

Full name: _____

Address: _____

City: _____ Province: _____ Postal code: _____ Country: _____

Phone: (home) _____ (business) _____ (cell) _____

Email: _____

YOUR GIFT

MONTHLY DONATION

I would like to donate each month:

☐ $25 ☐ $50 ☐ $100 ☐ Other $_____

Payment method:

☐ Chequing account (void cheque enclosed)

☐ Visa ☐ MasterCard

Cardholder name: _____

Credit card number: _____

Expiry (MM/YY): _____ CVC: _____

Signature: _____

Monthly gifts are withdrawn at the beginning of each month. A consolidated receipt is provided at year-end. You may change or cancel your monthly gift at any time.

ONE-TIME DONATION

I would like to make a one-time gift of:

$ _____

Payment method:

☐ Cheque enclosed

☐ Visa ☐ MasterCard

Cardholder name: _____

Credit card number: _____

Expiry (MM/YY): _____ CVC: _____

Signature: _____

Please ensure your information is correct. Tax receipts are issued in accordance with Canada Revenue Agency guidelines.

MEMORIAL GIFT (OPTIONAL)

☐ I would like to make my gift in memory of: _____

☐ Please notify the next of kin of my gift. Name: _____ Relationship: _____

Address of next of kin: _____

RETURN YOUR DONATION:

Oceanside Hospice Society · 210 Crescent Road West, Qualicum Beach, BC V9K 1J9

Phone: 250-752-6227 · Email: info@oceansidehospice.com · Website: www.oceansidehospice.com

PRIVACY

Oceanside Hospice Society respects your privacy and does not sell or trade donor personal information. Information on this form is used to process your gift and issue receipts where applicable.

Thank you for your generosity and for supporting compassionate hospice and grief support in our community.