



MONTHLY GIVING DONATION FORM

■ DONOR INFORMATION:

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

Mailing Address: _____

City/Town: _____ Prov./State: _____ Postal Code/Zip Code: _____

Telephone: _____ Email Address: _____

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

■ REASON FOR DONATION:

In memory of

In honour of

General

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

■ MONTHLY DONATION:

Once a month, I wish to give: \$10 \$25 \$50 Other: \$ _____ per month

I authorize Hospice Simcoe to withdraw the above amount from my bank account on the 15th day of every month. I may change the amount or cancel my monthly contribution at any time by notifying Hospice Simcoe.

Donor Signature: _____

■ PAYMENT OPTIONS:

Cheque

Automatic Withdrawal

Visa

MasterCard

AMEX

Name on Credit Card: _____

Credit Card Number: _____ / _____ / _____ / _____ Expiry Date: _____ / _____

MM / YYYY

CVV Number: _____

***Please enclose a VOID cheque for Hospice Simcoe to arrange automatic withdrawals from your bank account, or provide the following account information:**

Institution Number: _____ Transit Number: _____ Bank Account Number: _____

Note: Please make Cheques payable to 'Hospice Simcoe'

A charitable tax receipt will be issued and sent to you in January of the following year.

THANK YOU FOR YOUR SUPPORT - PLEASE MAIL, EMAIL OR FAX YOUR FORM TO:

MAIL TO: Hospice Simcoe; Attn: Accounts; 336 Penetanguishene Road, Barrie ON L4M 7C2

FAX: 705-722-0716, **EMAIL:** accounts@hospicesimcoe.ca

For more information, contact us at: 705-722-5995 or visit: www.hospicesimcoe.ca

Privacy Policy: Hospice Simcoe respects your privacy and will not sell or distribute your personal information to anyone.

The information you provide us will only be used to contact you regarding your donation or to keep you informed of our activities.

Charitable Business Number: 13443-3234RR0001