



HOSPICE SIMCOE ONE TIME 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 Milestone/Celebration General Other

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

Donation Amount: _____

Other: (Please specify): _____

■ PAYMENT OPTIONS:

Cheque Cash Visa MasterCard AMEX

Name on Credit Card: _____

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

CVV Number: _____ MM / YYYY

■ ACKNOWLEDGEMENT TO:

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

Mailing Address: _____

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

Note: Please make Cheques payable to 'Hospice Simcoe'

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

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