



Monthly Giving Donation Form

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 General donation

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

Please enclose a VOID cheque for Hospice Simcoe to arrange automatic withdrawal 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 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

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