



Hospice Simcoe 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 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

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