



Donation Form from Website

Yes, I want to support Hospice Calgary Society with the following donation:

Amount of Donation (please check one)

- \$100 \$75 \$50 \$25 Other \$ _____
Please specify amount

Method of Payment

- Cheque Enclosed (please make payable to Hospice Calgary Society)**
 Credit Card (please complete credit card information in box below)

Credit Card Information: <input type="radio"/> VISA <input type="radio"/> MASTERCARD
Card Number: _____
Expiry Date: ____/____
Name as it appears on the card: _____
Signature: _____

Contact Information for RECEIPTING PURPOSES:

Name _____

Address _____ **Suite #** _____

City _____ **Province** _____

Postal Code _____ **Telephone** _____

E-Mail _____

Please fax to 403.263.4524 or mail to 900, 833 – 4 Avenue S.W., Calgary, AB., T2P 3T5

E-Mail info@hospicecalgary.com **Website** www.hospicecalgary.com

**Charitable Registration Number for Hospice Calgary Society: 118963669RR0001
January 2008**