



## 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)**

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

**Contact Information for RECEIPTING PURPOSES:**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_ **Suite #** \_\_\_\_\_

**City** \_\_\_\_\_ **Province** \_\_\_\_\_

**Postal Code** \_\_\_\_\_ **Telephone** \_\_\_\_\_

**E-Mail** \_\_\_\_\_

**Please fax to 403.263.4524 or mail to 1245 – 70 Avenue S.E., Calgary, AB., T2H 2X8**

**E-Mail** [info@hospicecalgary.com](mailto:info@hospicecalgary.com)    **Website** [www.hospicecalgary.com](http://www.hospicecalgary.com)

**Charitable Registration Number for Hospice Calgary Society: 118963669RR0001  
March 2009**