



PRINCE GEORGE
Hospice Society

DONATION FORM

*Thank you for your Donation!
The revenue that we receive from donations is vital
to our ability to operate our programs and services*

Donor Name: _____

Address _____

City/Province _____ Postal Code: _____

Phone _____ Fax _____ Email _____

Payment Method:

Amount of Donation \$ _____ Cheque Cash Credit Card

Mastercard: _____ Expiry _____

Visa: _____ Expiry _____

Memory Donation Hospice Guest General Donation

In Memory of _____

Send Memory Notification to:

Name _____

Address _____

City/Province _____ Postal Code _____

Special Instructions: _____

- Attach all payments to this form (cash, cheques)
- Tax receipts are issued in accordance with Revenue Canada Guidelines
- Cheques should be made payable to the Prince George Hospice Society
- Mail to

Prince George Hospice Society
3089 Clapperton St.
Prince George, BC Canada V2L 5N4

HOSPICE USE ONLY

Donation Received by _____ Date: _____