

# Hospice Huronia Donation Form

## REASON FOR DONATION

In Memory of     In Honour of     General donation     Other \_\_\_\_\_

Name of person being remembered/honoured: \_\_\_\_\_

## DONOR INFORMATION (please print):

Company Name (if applicable): \_\_\_\_\_

Donor Name: \_\_\_\_\_

Street Address/Box No. \_\_\_\_\_

City/Town: \_\_\_\_\_ Province/State: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Email Address: \_\_\_\_\_

I wish to receive Hospice Huronia's newsletter and other communications.

Please DO NOT include me on your published list of supporters.

### **PLEASE SEND AN ACKNOWLEDGEMENT OF MY IN-MEMORY/IN-HONOUR DONATION TO:**

Name (Title/First Name/Last Name): \_\_\_\_\_

Street Address/Box No. \_\_\_\_\_

City/Town: \_\_\_\_\_ Province/State: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

**DONATION AMOUNT: \$** \_\_\_\_\_

### PAYMENT OPTIONS:

Cheque     Cash     VISA     MasterCard

Note: Please make cheques payable to **Hospice Huronia**

Name on Credit Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_    Expiry Date: \_\_\_\_\_ / \_\_\_\_\_  
MM / YYYY

CSV # (3 digit number from back of card) \_\_\_\_\_

Please call 705-549-1034 or  
email [info@hospicehuronia.ca](mailto:info@hospicehuronia.ca) for  
monthly donations or donations of  
securities/insurance.

## THANK YOU FOR YOUR SUPPORT!

Please MAIL this donation form to us at: 948 Fuller Ave, Penetanguishene, ON, Canada L9M 1G7

*Privacy Policy: Hospice Huronia respects your privacy and will not sell or distribute your personal information to anyone. The information you have provided us will only be used to contact you regarding your donation or to keep you informed of our activities.*