



Website Donation Form

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

Amount of Donation (please check one)

\$1000 \$500 \$100 \$50 Other \$ _____

Method of Payment (please check one)

Cheque Enclosed (please make out to Hospice Calgary Society)

Credit Card (please complete credit card information below)

VISA MASTERCARD

Card Number: _____

Expiry Date ____/____/____ CCV _____

Name as it appears on card: _____

Signature: _____

Contact Information for RECEIPTING PURPOSES:

Mr. Miss Mrs. Ms. Dr.

Name (first/last): _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Main Phone: (____) _____ Alternate #: (____) _____

E-mail: _____

In Memory of: _____

Send notification of gift to: _____

(Name, address & phone number only. Amount of gift will not be disclosed).

Please check this box if you wish your gift to remain anonymous.

I am eligible for a matching gift through my employer, please contact me.

**On behalf of Hospice Calgary and the children, teens and adults we serve,
thank you.**

Hospice Calgary

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hospicecalgary.ca / childrensgrief.ca

Charitable Registration #: 11896 3669 RR0001