



**Shuswap Hospice Society**  
 #209, 231 Trans Canada Highway,  
 PO Box 967, Salmon Arm, BC V1E 4P1  
 TEL: 250-832-7099; FAX: 250-832-7017  
 www.shuswaphospice.ca

### ANNUAL MEMBERSHIP FORM

✓ **YES**, I want to help my community by supporting the **Shuswap Hospice Society**.

Last Name:		First Name:	
Organization:			
Address:			
City:	Province:	Postal Code:	
Phone:		Email:	

#### Membership Level Options

\$40.00 / <b>GOLD</b> Membership <i>(Includes sunshine teddy bear, quarterly newsletter subscription, Hospice library access)</i>
\$20.00 / <b>SILVER</b> Membership <i>(Includes quarterly newsletter subscription, Hospice library access)</i>
\$10.00 / <b>STANDARD</b> Membership <i>(Includes Hospice library access)</i>

\*\*All membership levels allow participation in board elections, AGM voting, open two-way communication, and advance notice of events\*\*  
 \*\*Regretfully, tax receipts cannot be issued for membership fees\*\*

#### Make a Donation (tax receipt will be issued)

I would also like to make a donation of :  \$100.00     \$50.00     \$20.00     Other \$\_\_\_\_\_

**TOTAL PAYMENT AMOUNT: \$** \_\_\_\_\_

**Please make all cheques payable to the Shuswap Hospice Society. Please, DO NOT mail cash.**

Return your completed form to:  
 Shuswap Hospice Society  
 PO BOX 967  
 #209 – 231 Trans Canada Highway  
 Salmon Arm, BC  
 V1E 4P1

*Thank you for your continued support! Your generosity makes the Shuswap Hospice Society possible.*