



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

## DONATION FORM

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

### Donor Information:

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Would you like to receive updates or newsletters from the Society via email?  Yes  No

**Amount of Donation:** \$ \_\_\_\_\_ (a tax receipt will be issued)

### Please Indicate:

> General Donation:

> Memory Donation:

In Memory of: \_\_\_\_\_

### Send Memory Notification to:

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Any Special Instructions?** \_\_\_\_\_

Please make cheques payable to the **Shuswap Hospice Society**. Do not mail cash.

Return Completed Form to:

Shuswap Hospice Society  
PO Box 967,  
#209 – 231 Trans Canada Highway  
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**Thank You ! Your Generous Support is Appreciated !**