



# MAIL-IN DONATION FORM

Thank you for considering a donation to Hospice. Your gift will have a positive impact in the quality of life of those facing dying, death & grief.

## GIFT INFORMATION

**NAME (PRINT):**  **GIFT AMOUNT:** \$

**SIGNATURE:**  **DATE:**

## PAYMENT METHOD (PLEASE CHECKMARK)

**CHEQUE/MONEY ORDER**       **VISA**       **MASTERCARD**

**CARD#:**  **EXP:**  **CSC#:**

**CARDHOLDER:**  **SIGNATURE:**

## TAX RECEIPT TO BE ISSUED TO:

**NAME (PRINT):**  **EMAIL:**

**BUSINESS NAME (OPTIONAL):**

**MAILING ADDRESS:**  **CITY:**

**PROVINCE:**  **COUNTRY:**  **POSTAL CODE:**

**PHONE #:**

## MAILING INSTRUCTIONS

**PLEASE MAIL CHEQUE OR  
MONEY ORDER WITH FORM  
TO:**

**COLCHESTER EAST HANTS  
HOSPICE SOCIETY  
89 Queen St., Truro  
N.S. B2N 2B2**