

Donor Form

Name: _____

Address: _____

City: _____ Postal Code: _____

Telephone: _____ Email: _____

I would like to help the Red Deer Hospice Society with a donation in the amount of:

___ One Time Donation of \$ _____

___ Monthly Donation of \$ _____ for _____ months

___ Annual Donation of \$ _____ for _____ years

Contribution In Memory of: _____

Method of Payment:

___ Cash

___ Cheque (payable to The Red Deer Hospice)

___ VISA

___ Master Card

Cardholder Name: _____

Credit Card Number: _____ Expiry Date: _____

Signature: _____

I would like more information on how to include the Red Deer Hospice in my estate.

For more information please contact the Executive Director:

Red Deer Hospice Society 99 Arnot Avenue Red Deer, AB T4R 3S6

Phone: 403-309-4344 ext. 102 Fax: 403-347-4356 Email: brenda.watts@reddeerhospice.com

"You matter to the last moment of your life, and we will do all we can, not only to help you die peacefully, but to live until you die."

Dame Cicely Saunders, Founder of Modern Hospice Care

Thank you!
Your donation does make a difference.