

Donation Form

Name: _____

Address: _____ City: _____ Postal Code: _____

Phone: _____ Email: _____

Donation Amount: _____ Please make my gift monthly

I would like to make my contribution in memory of: _____

Method of Payment:

Cash Visa Mastercard Cheque (please make cheque payable to Red Deer Hospice Society)

Card #: _____ Expiry: _____ / _____ CVS: _____

Name on Card: _____ Signature: _____

Please direct my gift to: Resident Comfort/Care Expansion/Mortgage Hospice Greatest Need

Red Deer Hospice Society | 99 Arnot Ave Red Deer, AB T4R 3S6 | 403.309.4344 | www.reddeerhospice.com

Charitable Registration No. 86645 0547 RR0001