

Donation Form

Please note that an official tax receipt will be issued under the chequeholder or credit cardholder's name. The Income Tax Act does not permit us to issue tax receipts to anyone other than the donor (the person or company whose name is on the cheque or credit card).



Name: _____

Address: _____ City: _____ Postal Code: _____

Telephone: _____ Email: _____

I would like to receive the Red Deer Hospice newsletter/updates.

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

General Donation

Memorial Donation

Fund a Day Campaign
(\$490 = 1 Day of Care)

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 / Company Name: _____

Credit Card Number: _____ Expiry Date: _____ / _____

Signature: _____

What Legacy will you Leave?

Would you like to include Red Deer Hospice in your Will and Estate Plans?

Please send me more information on the following (please check all applicable):

Sample Bequest Language in order to include Red Deer Hospice in my Will.

Information on how to provide a gift of Life Insurance.

The benefits to purchasing a Charitable Gift Annuity.

Information on how to establish a Memorial Endowment to honour my loved one(s).

For more information please contact the Red Deer Hospice:

99 Arnot Avenue Red Deer, AB T4R 3S6

Phone: 403-309-4344 Fax: 403-347-4356

Email: admin@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.

Charitable Registration #866450547RR0001